


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

05-14-2004 90447 015 ****50.00

DOCUMENT # L03000010313			
1. Entity Name HJ AVIATION, LLC			
Principal Place of Business 3430 FLIGHTLINE DRIVE LAKELAND, FL 33811 US		Mailing Address 3430 FLIGHTLINE DRIVE LAKELAND, FL 33811 US	
2. Principal Place of Business 3450 Flightline Drive Suite, Apt. #, etc.		3. Mailing Address 3450 Flightline Drive Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33811		Country Polk	
4. FEJ Number 17-1894192		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EGNER, DARREL 3430 FLIGHTLINE DRIVE LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name: Sanborn, Patricia Street Address (P.O. Box Number is Not Acceptable): 8100 15th St. East City: Sarasota FL Zip Code: 34243	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Patricia Sanborn</i>		DATE: 5/12/2004	
Filing Fee is \$80.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		President Patricia Sanborn 8100 15th St. East Sarasota, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Patricia Sanborn</i>		DATE: 5/12/2004 (84)355-3206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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