

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
 05 MAY 18 AM 10:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000010313</b> 1. Entity Name <b>HJ AVIATION, LLC</b>			
Principal Place of Business <b>3450 FLIGHTLINE DRIVE          LAKELAND, FL 33811 US</b>		Mailing Address <b>3450 FLIGHTLINE DRIVE          LAKELAND, FL 33811 US</b>	
2. Principal Place of Business <b>3581 Bayou Circle</b>		3. Mailing Address <b>3581 Bayou Circle</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Longboat Key, Florida</b>		City & State <b>Longboat Key, Florida</b>	
Zip <b>34228</b>		Zip <b>34228</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>14-1894192</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANBORN, PATRICIA          8100 15TH ST. EAST          SARASOTA, FL 34243</b>		7. Name and Address of New Registered Agent Name <b>Patricia Sanborn</b> Street Address (P.O. Box Number is Not Acceptable) <b>3581 Bayou Circle</b>  City <b>Longboat Key</b> <b>FL</b> Zip Code <b>34228</b>	
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 _____ (PRINT: Full name of registered agent, with title if applicable) DATE _____			
<b>Filing Fee is \$50.00          Due by September 7, 2005</b>		<b>Make check payable to          Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>SANBORN, PATRICIA          8100 15TH ST. EAST          SARASOTA, FL 34243</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM          Patricia Sanborn          3581 Bayou Circle          Longboat Key, Florida 34228</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:		Patricia Sanborn, Managing Member (41) 705-5557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		5/17/05	

L03000010313

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:  
(Sub Account)

\_\_\_\_\_

Date:

5/18/05

\_\_\_\_\_

Requestor Name:

Carlton Fields

Address:

Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone:

(850) 224-1585

Contact Name:

Kim Pullen, CLA (ext. 5261)

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05 MAY 18 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporation Name:

HJ Aviation, LLC

Entity Number:

L03000010313

Authorization:

Kim Pullen

Certified Copy

New Filings

Fictitious Name

Plain Stamped Copy

Amendments

Certificate of Status

Annual Report

Registration

Call When Ready

Call if Problem

After 4:30

Walk In

Will Wait

Pick Up

CF Internal Use Only

Client: 48449 Matter: 23975

Name: Diane Mackey Office: TPA