


FILED
May 28, 2004 8:00 am
Secretary of State

05-07-2004 90005 021 ***150.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000014137					
1. Entity Name MID-FLORIDA AVIATION, L.L.C.					
Principal Place of Business 31599 4TH STREET SORRENTO, FL 32776			Mailing Address 31599 4TH STREET SORRENTO, FL 32776		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, E. ROLLINS - II 3333 20TH STREET VERO BEACH, FL 32960				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUGHAN, WILLIAM 31599 4TH STREET SORRENTO, FL 32776	<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
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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)(i), 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>William Boughan</i>			Date: 4/27/04 352735 0035		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Day/Time Phone #</small>		

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01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1162380** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required