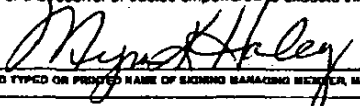


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-09-2005 90008 027 ****50.00

DOCUMENT # L04000091705			
1. Entity Name MYRA'S HANGAR, LLC			
Principal Place of Business 7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940		Mailing Address 7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940	
2. Principal Place of Business		3. Mailing Address P.O. Box 410999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melbourne, FL	
Zip	Country	Zip	Country
32941	US	32941	US
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KANCILLIA, JOHN R. ESQ.		Name	
1800 W. HIBISCUS BLVD., STE. 138		Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE, FL 32901		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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALEY, MYRA K 7640 N. WICKHAM ROAD, STE. 101B MELBOURNE, FL 32940 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.		Pd 2-24-05 #4570	
SIGNATURE: 		Myra K. Haley Manager 02/24/05 (321) 242-6210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	