


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000000583**  
 1. Entity Name  
 ONSITE AVIATION LLC



Principal Place of Business 7301 PARKWAY DR. HANOVER, MD 21076	Mailing Address % R. SONES 7301 PARKWAY DR. HANOVER, MD 21076
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2210266	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  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THORNTON, THOMAS M 7301 PARKWAY DR. HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BUTZ, WILLIAM 7301 PARKWAY DR. HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBINSON, SIMON 7301 PARKWAY DR. HANOVER, MD 21076
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 01/20/04-80062-005 50.00

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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:** Thomas M. Thornton 1/20/04 410 694 5230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #