2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State
06-07-2004 90504 027 ****50.00

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1. Entity Name
DUNCAN AVIATION ENTEPRISES, L.C.

Principal Place of Business	Mailing Address
3534F FOREST BRANCH DRIVE PORT ORANGE, FL 32119	3534F FOREST BRANCH DRIVE PORT ORANGE, FL 32119

03272003 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	199 WICOMICO DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HEATHSVILLE VA
Zip / Country	Zip: 22473 Country: USA

4. FEI Number 59-3622729 ☐ 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
DUNCAN, IAN J 3534F FOREST BRANCH DRIVE PORT ORANGE, FL 32119	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
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	P DUNCAN, IAN J 3534 FOREST BRANCH DRIVE PORT ORANGE, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	199 WICOMICO DR HEATHSVILLE VA 22473 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, ILONA H 3534 FOREST BRANCH DRIVE PORT ORANGE, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	199 WICOMICO DR HEATHSVILLE VA 22473 ☒ 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)(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: [signature] 5/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #