


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 APR 29 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003377			
1. Entity Name SEMBLER AVIATION, L.L.C.			
Principal Place of Business 5858 CENTRAL AVENUE ST.PETERSBURG, FL 33707		Mailing Address PO BOX 41847 SAINT PETERSBURG, FL 33743-1847	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04202004		Chg-LLC CR2E063 (10/03)	
4. FEI Number 59-3650005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVE SAINT PETERSBURG, FL 33707		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	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)			
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 SEMBLER AIR, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 <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>M. Sembler</i>		4/26/04 727-384-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE AND PHONE NUMBER	



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4. FEI Number 59-3650005 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

800037302908
05/25/04--01070--004 **\$5.00