


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

05 APR 29 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # L00000003377                    |  |  |
| 1. Entity Name<br>SEMBLER AVIATION, L.L.C. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707 | Mailing Address<br>PO BOX 41847<br>SAINT PETERSBURG, FL 33743-1847 |
|--|--|



**DO NOT WRITE IN THIS SPACE**

|  |                                |
|--|--------------------------------|
| 04062005 No Chg-LLC  | CR2E083 (10/03)                |
| 4. FEI Number<br>59-3650005  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHER, CRAIG H  
5858 CENTRAL AVE  
SAINT PETERSBURG, FL 33707

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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, 2005**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>SEMBLER AIR, INC.<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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)(l), 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: Melvin F. Sembler 4/12/05 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Melvin F. Sembler