

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003721 1. Entity Name RELIANCE AVIATION MANAGEMENT, LLC	
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Principal Place of Business 14532 SW 129 ST MIAMI, FL 33186	Mailing Address 1150 LEE WAGNER BLVD FORT LAUDERDALE, FL 33315
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DO NOT WRITE IN THIS SPACE



01142004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0995829	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OLLE, DENNIS J 2601 S. BAYSHORE DRIVE, STE 1600 MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

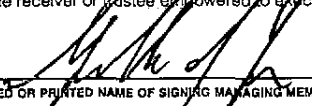
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000055701
02/18/04-80015-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, PHILLIP T 2601 S. BAYSHORE DR., SUITE 725 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINTO, JAMES J 520 MADISON AVENUE, 40TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABEZA, GUILLERMO J 1150 LEE WAGNER BLVD FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **GUILLERMO J CABEZA** 1/20/04 9543594200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #