2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Eeb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003723	
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1. Entity Name

RELIANCE AVIATION - MIAMI, LLC



Principal Place of Business

14532 SW 129TH ST MIAMI, FL 33186

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Mailing Address

1150 LEE WAGNER BLVD FORT LAUDERDALE, FL 33315



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0995851 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

OLLE, DENNIS J 2601 S. BAYSHORE DR., STE 1600 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed game of registered agent and title if applicable. (NOTE: Registered Agent signature)		(NOTE: Registered Agent signature required when reinstaling) OATE	
Filing Fee is \$50,00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
THLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RELIANCE AVIATION MANAGEMENT, LLC 1150 LEE WAGNER BLVD FORT LAUDERDALE, FL 33315		
HITLE NAME STREET ADDRESS CHY-ST-ZIP		02/20/04-80081-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby a indicated limited lia	certify that the information supplied with this filling does not at i on this report is true and accurate and that my signature in bility company or the receivator trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.	

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE