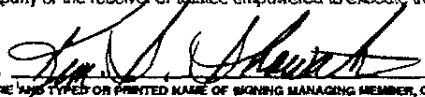


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000010157 1. Entity Name SHOWALTER AIRCRAFT SALES, LLC		
Principal Place of Business 400 HERNDON AVENUE ORLANDO, FL 32803	Mailing Address 400 HERNDON AVENUE ORLANDO, FL 32803	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITE, ROBERT B JR, ESQ C/O SOBERING WHITE & LUCZAK P.A. 201 S. ORANGE AVE., SUITE 1000 ORLANDO, FL 32801		DO NOT WRITE 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 _____ 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 May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOWALTER, ROBERT H 400 HERNDON AVENUE ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOWALTER, KIM S 400 HERNDON AVENUE ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 808, Florida Statutes.		
SIGNATURE:  SIGNATURE HAS TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01102004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3688486

Applied For
Not Applicable

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

U000000006151
01/16/04-80036-006 50.00

**DO NOT WRITE
IN THIS SPACE**

1/12/04

407-894-7331

Daytime Phone #