

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013428

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: AVIATION CONSULTING GROUP, LLC

## Current Principal Place of Business:

4 BARCELONA TRAIL  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

114 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174

## Current Mailing Address:

4 BARCELONA TRAIL  
ORMOND BEACH, FL 32174

## New Mailing Address:

114 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174

FEI Number: 83-0356208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRATH, ROBERT  
4 BARCELONA TRAIL  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

VASIGH, BIJAN  
114 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: BIJAN VASIGH

01/13/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BIJAN VASIGH PH.D.,  
Address: 114 SHADOW CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Delete  
Name: SAAD LARAQUI,  
Address: 25 KINGSBRIDGE CROSSING  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BIJAN VASIGH

MGRM

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date