


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90031 039 \*\*\*\*55.00

<b>DOCUMENT # L01000000796</b> 1. Entity Name <b>FERRELL SCHULTZ AVIATION, L.L.C.</b>					
Principal Place of Business <b>201 S. BISCAYNE BLVD. MIAMI CENTER, 34TH FLOOR MIAMI, FL 33131</b>			Mailing Address <b>201 S. BISCAYNE BLVD. MIAMI CENTER, 34TH FLOOR MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1078870</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
City & State		City & State		4082005 Chg-LLC CR2E083 (10/03)	
Zip		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD., STE 3400 MIAMI, FL 33131</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FERRELL SCHULTZ CARTER &amp; FERTEL, P.A. 201 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MAYRA C. DA CASTIGLIONE 201 S. BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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.					
<b>SIGNATURE: <i>Mayra C. Da Castiglione</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/14/05 305-371-8585</b> <small>Date Daytime Phone #</small>		