## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000001865

Entity Name: RTW AVIATION, LLC

Name:

Address:

City-St-Zip:

333 NORTH NEW RIVER DR. EAST, SUITE 1200

FT LAUDERDALE, FL 33301

FILED Jan 14, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 333 NORTH NEW RIVER DR. EAST, **SUITE 1200** FT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 333 NORTH NEW RIVER DR. EAST **SUITE 1200** FT LAUDERDALE, FL 33301 FEI Number: 65-1075327 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROPES, JOHN 333 NORTH NEW RIVER DR. EAST **SUITE 1200** FT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROPES, JOHN Name: Name: 333 NORTH NEW RIVER DR. EAST, SUITE 1200 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WRIGHT, HAROLD E Name: Address: 773 N.E. 73RD ST. Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TEMPLE, JOHN W Name: Name: Address: 2300 NW CORPORATE BLVD., STE 238 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition R. SCOTT MORRISON, J, R. REVOCABLE T R UST

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN ROPES **MGRM** 01/14/2005