


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90032 016 ****50.00

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|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L01000017313 |  |
| 1. Entity Name BLUE CARIBE AVIATION, LLC | |

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| Principal Place of Business 1945 SEVILLA BLVD., W. ATLANTIC BEACH FL 32233 | Mailing Address 1945 SEVILLA BLVD., W. ATLANTIC BEACH FL 32233 |
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| 2. Principal Place of Business 701 West Adams St. Suite, Apt. #, etc. Suite 2 City & State Jacksonville, FL Zip 32204 Country U.S. | 3. Mailing Address 701 West Adams St. Suite, Apt. #, etc. Suite 2 City & State Jacksonville, FL Zip 32204 Country U.S. |
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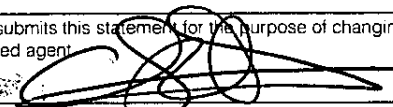


MOORE CR2E083 (11/03)

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| 4. FEI Number 59-3751341 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ROBERTS, CHAD S 1945 SEVILLA BLVD., W. ATLANTIC BEACH FL 32233 | 7. Name and Address of New Registered Agent Name Roberts, Chad S. Street Address (P.O. Box Number is Not Acceptable) 701 West Adams St., Suite 2 City Jacksonville, FL Zip Code 32204 |
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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  **chad Roberts** DATE **April 7, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROBERTS, CHAD S 1945 SEVILLA BLVD. W ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Roberts, Chad S 701 West Adams St., Suite 2 Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input 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 |
| 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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| 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 |

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.

SIGNATURE:  **chad Roberts** DATE **4/2/04** (904) **354-8310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #