

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019153

FILED  
Jul 20, 2005  
Secretary of State

**Entity Name:** DIXIE AVIATION SERVICES, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 2426  
CROSS CITY, FL 32628

**New Principal Place of Business:**

508 N.E. 241 ST  
CROSS CITY, FL 32628

**Current Mailing Address:**

POST OFFICE BOX 2426  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 59-9754555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCRAE, CHRISTOPHER T  
C/O MCRAE & METCALF, P.A.  
1677 MAHAN CENTER BOULEVARD  
TALLAHASSEE, FL 32308 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRIFFIN, PAUL  
Address: PO BOX 2426  
City-St-Zip: CROSS CITY, FL 32628

**ADDITIONS/CHANGES:**

Title: MNGR (X) Change ( ) Addition  
Name: BOLING, JAY  
Address: PO BOX 2426  
City-St-Zip: CROSS CITY, FL 32628

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: JAY BOLING

MNGR

07/20/2005

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