

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020013

1. Entity Name

BOSTON LANDMARK AVIATION, LLC



Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134



04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0584853

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LUBECK, JOSEPH G
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LANDMARK AVIATION, LLC
201 ALHAMBRA CIRCLE #601
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LESTER, PAUL A
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000355997
05/04/05-80018-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Paul A. Lester 4/28/05 305-357-1001

Date

Daytime Phone #