

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020665

1. Entity Name
DREAM AVIATION, LLC



Principal Place of Business
**921 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

Mailing Address
**921 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**



DO NOT WRITE IN THIS SPACE

01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1157542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCARTY, RICHARD D
921 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

**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
**MGRM
MCCARTY, RICHARD D
921 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCCARTY, CLAIRE B
921 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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04/26/05-80038-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard D. McCarty* **Richard D. McCarty** **4/26/05** **954-941-3485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #