


05-02-2005 90093 031 ****50.00

DOCUMENT # L02000000808			
1. Entity Name FOUR WINDS HOLDINGS, LLC			
Principal Place of Business 1501 AIRWAY CIR NEW SMYRNA BEACH, FL 32168		Mailing Address 1501 AIRWAY CIR NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RAHM, JEFFREY A 1501 AIRWAY CIR NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>(Signature)</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
P RAHM, JEFF 1791 ARASH CR PORT ORANGE, FL 32128			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change 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: <i>(Signature)</i> Linda J. Delgado		04-28-05 386-426-7795	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



ATTACHMENT
30008537

Four Winds Aircraft, LLC
1501 Airway Circle
New Smyrna Beach, FL 32168
Phone (386) 426-7795
Fax (386) 426-5339
www.fourwindsaircraft.com
email: info@fourwindsaircraft.com

May 31, 2005

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Reference #L02000000808

Dear Sir/Madam:

I received your letter in regards to the Federal Employer Identification Number for Four Winds Holdings, LLC. This company has not had any activity as yet, and I am told by the owners that when it does it will be an Offshore Company.

I just spoke to your office, per your instruction I am returning to you the copy of our Annual Report where I have checked the 'not applicable' box where it asks for the FEI number.

Thank you for your help with this matter.

Sincerely,

FOUR WINDS AIRCRAFT, LLC

Linda Delgado
Accounting Manager