

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90118 035 \*\*\*\*50.00

DOCUMENT # L02000000810

1. Entity Name  
 FOUR WINDS AIRCRAFT, LLC



Principal Place of Business  
 1501 AIRWAY CIR  
 NEW SMYRNA BEACH, FL 32168

Mailing Address  
 1501 AIRWAY CIR  
 NEW SMYRNA BEACH, FL 32168

24062866



01262004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>03-0407838 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

RAHM, JEFFREY A  
 1501 AIRWAY CIR  
 NEW SMYRNA BEACH, FL 32168

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | RAHM, JEFF            |
| STREET ADDRESS | 1791 ARASH CR         |
| CITY-ST-ZIP    | PORT ORANGE, FL 32128 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
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| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**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:

04-01-2004 386-428-7795

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

Date

Daytime Phone #