


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0407838	Applied For Not Applicable
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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, 2005**

U00000347527  
04/30/05-80120-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAHM, JEFF 1791 ARASH CR PORT ORANGE, FL 32128
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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: Linda J. Delgado Date: 04-26-05 Daytime Phone #: 386-426-7795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE