


**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90040 010 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L02000000859</b>	
1. Entity Name AVIATION PARTNERS OF STUART, L.L.C.	

Principal Place of Business 2633 LANTANA RD SUITE 28 BLDG 402 LANTANA, FL 33462	Mailing Address <del>2633 LANTANA RD</del> SUITE 28 BLDG 402 LANTANA, FL 33462
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2. Principal Place of Business 2313 S.E. Aviation Way Suite, Apt. #, etc. 201	3. Mailing Address PO 740020 Suite, Apt. #, etc.
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01082004 Chg-LLC CR2E083 (10/03)

City & State Stuart FL	City & State Boynton Beach FL	4. FEI Number 04-3588814	Applied For <input type="checkbox"/> Not Applicable
Zip 34996	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEIGHTON, MICHAEL <del>2633 LANTANA RD</del> <del>SUITE 28 BLDG 402</del> <del>LANTANA, FL 33462</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10982 Deroev Rd Boynton Beach FL 33437			

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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDIAN AIR INC <input type="checkbox"/> Delete 2633 LANTANA RD SUITE 28 BLDG 402 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARDAN AIR CORP <input type="checkbox"/> Delete 2633 LANTANA RD SUITE 28 BLDG 402 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10982 Deroev Rd Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2313 S.E. Aviation Way 201 Stuart FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** M. Leighton 1-9-04 561-738-7056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #