


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000859**  
 1. Entity Name  
 AVIATION PARTNERS OF STUART, L.L.C.



Principal Place of Business 2313 SE AVINGTON WAY SUITE 201 STUART, FL 34996	Mailing Address PO 740020 SUITE 28 BLDG 402 BOYNTON BEACH, FL 33474
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3588814	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 LEIGHTON, MICHAEL  
 10982 DENOEW RD  
 BOYNTON BEACH, FL 33437

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORIDIAN AIR INC 10982 DENOEW RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHARDAN AIR CORP 2131 SE AVIATION WAY STUART, FL 34996
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U000000194373  
 01/25/05-80100-001 50.00

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #