

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90063 023 \*\*\*\*50.00

<b>DOCUMENT # L02000001957</b> 1. Entity Name <b>SUNSHINE AVIATION, LLC</b>					
Principal Place of Business <b>1741 WEST BEAVER ST. JACKSONVILLE, FL 32209</b>				Mailing Address <del>1741 WEST BEAVER ST. JACKSONVILLE, FL 32209</del>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 41430</b>			
City & State		City & State <b>JACKSONVILLE, FL</b>			
Zip		Zip <b>32203-1430</b>			
Country		Country			
4. FEI Number <b>03-0377556</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04262005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>BRANT, ABRAHAM, REITER &amp; MCCORMICK, P.A. 50 NORTH LAURA ST., STE. 2750 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>BEAVER STREET FOODS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1741 W. BEAVER STREET</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32209</b>	
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 <b>HANS FRISCHI V. PRESIDENT 4/27/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BEAVER STREET FISHERIES, INC. 1741 W BEAVER ST JACKSONVILLE, FL 32209</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <b>HANS FRISCHI V. PRESIDENT OF BEAVER STREET FISHERIES, INC. (904)</b> <b>4/27/05 354-1532</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					