


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90100 038 ****50.00

DOCUMENT # L02000002423

1. Entity Name
 AIRCRAFT MAINTENANCE OF PLACID LAKES, LLC



Principal Place of Business 215 SENECA DR. NW LAKE PLACID, FL 33852	Mailing Address 215 SENECA DR. NW LAKE PLACID, FL 33852
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DO NOT WRITE IN THIS SPACE



02072005No Chg-LLC CR2E083 (10/03)

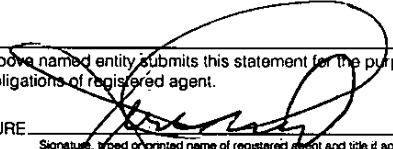
4. FEI Number 04-3599208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CREED, JERE D
 1755 SE 7TH STREET
 FORT LAUDERDALE, FL 33316

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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 4-29-05

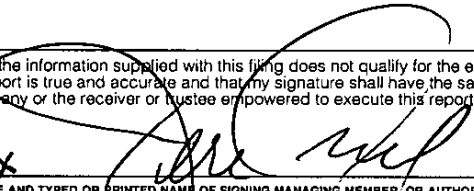
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREED, JERE D 1755 SE 7TH STREET. FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEBRULER, SUE 215 SENECA DR. NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTON, JOSEPH A 100 AIRPORT RD. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUCCARELLI, RON 2121 NW 55TH COURT FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  x

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