## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000007078

MGRM

(X) Delete

1991 SUMMIT PARK DRIVE, #1000

MCCORKLE AVIATION CO, ., INC.

ORLANDO, FL 32810

Title:

Name: Address:

City-St-Zip:

Entity Name: PRO-FLITE AVIATION SALES, L.L.C.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	SINGTON PAF ITE SPRINGS	RK DRIVE, #411 FL 32714			
Current Mailing Address:			New Mailing Address:		
	SINGTON PAF ITE SPRINGS	RK DRIVE, #411 FL 32714			
FEI Number	: 02-0588351	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
		RK DRIVE, #411 FL 32714 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	EMANSKI, TON 1055 KENSING	) Delete // STON PARK DRIVE, #411 PRINGS, FL 32714	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( VIVONA, RUDY PO BOX 4958 WINTER PARK		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM (X CAMPBELL, BI PO BOX 14928 ORLANDO, FL	34	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( FRITZ, JERRY 719 FOX VALL LONGWOOD,	EY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: TOM EMANSKI MGRM 04/22/2005