


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90020 017 \*\*\*\*\*50.00

<b>DOCUMENT # L02000007602.</b> 1. Entity Name Allworld Aviation LLC	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3240 Airfield Drive E.		3. Mailing Address P.O. Box 5131	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33811	Country Polk	Zip 33807	Country Polk

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 04-3630169		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Michael Jannine Street Address (P.O. Box Number is Not Acceptable) 3240 Airfield Drive E. #3 City Lakeland FL Zip Code 33811		

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 Michael Jannine  
Signature, typed or printed name of registered agent and title if applicable.

3-31-03  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	Michael Jannine	NAME	
STREET ADDRESS	3240 Airfield Drive E.	STREET ADDRESS	
CITY - ST - ZIP	Lakeland FL 33811	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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

SIGNATURE: Michael Jannine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-31-03 (863) 646-0491  
Date Daytime Phone #

CR2E083B (12/02)