


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020249
1. Entity Name
OLDE DOMINION AVIATION, L.L.C.



Principal Place of Business
**1818 GIPSON GREEN LANE
WINTER PARK, FL 32789**

Mailing Address
**1818 GIPSON GREEN LANE
WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2286429	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

**LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, MICHAEL S 1818 GIPSON GREEN LANE WINTER PARK, FL 32789
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01/16/04-80054-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its receiver, trustee or authorized representative, and I am authorized to file this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael S. Davis* 1-9-2004 407-843-1000

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