2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# L02000027539

Entity Name: CORRECT AVIATION SERVICES, LLC

Current Principal Place of Business:

3200 PORT ROYALE DR N
1710
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3200 PORT ROYALE DR N
1710
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 55-0802417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WRIGHT, RICHARD
Address: 3200 PORT ROYALE DR N #1710
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete
Name: MCDANIEL, GAYLE C
Address: 3200 PORT ROYALE DR N #1710
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WRIGHT, RICHARD
Address: 3200 PORT ROYALE DR N #1710
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR (X) Change ( ) Addition
Name: MCDANIEL, GAYLE C
Address: 3200 PORT ROYALE DR N #1710
City-St-Zip: FORT LAUDERDALE, FL 33308

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.

SIGNATURE: RICHARD WRIGHT MGRM 04/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date