

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000028808

1. Entity Name

CAREFREE AVIATION, LLC



FILED
06 FEB -9 AM 11:28
TALLAHASSEE, FL

Principal Place of Business
1031 5TH STREET
MIAMI BEACH FL 33139

Mailing Address
1031 5TH STREET
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

1st MOORE, Robert FEB 13 2006

6. Name and Address of Current Registered Agent

MAROTTA, GARY
1031 5TH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR Delete
NAME MAROTTA, GARY
STREET ADDRESS 1031 5TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS 900066200349
CITY-ST-ZIP 02/20/06--01035--018 **300.00

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: GARY MAROTTA

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

1/25/06 305-534-3531

Date

Daytime Phone #