FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90113 007 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032025

1. Entity Name

THE Aviator LLC

DO NOT WRITE IN THIS SPACE

20025405

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2. Principal Place of Business	3. Mailing Address
1685 Maytown Rd	1685 Maytown Rd.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Oak Hill FL	City & State: Oak Hill FL
Zip: 32759 Country: USA	Zip: 32759 Country: USA

4. FEI Number: 65-1169866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Katherine K. Aurigema

Street Address (P.O. Box Number is Not Acceptable): 1685 Maytown Rd.

City: Oak Hill FL Zip Code: 32759

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.

SIGNATURE _____ DATE

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM / MGR Katherine K. Aurigema 1685 Maytown Rd. Oak Hill, FL 32759
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CR2E083B (12/01)

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: Katherine K. Aurigema 2/6/03 386-345-1010

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