



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90357 038 ****55.00

DOCUMENT # L03000000218 1. Entity Name BAYVIEW AVIATION, LLC					
Principal Place of Business 1975 EAST SUNRISE BLVD. SUITE 511 FORT LAUDERDALE, FL 33304 US			Mailing Address 1975 EAST SUNRISE BLVD. SUITE 511 FORT LAUDERDALE, FL 33304 US		
2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc. 507		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. 507			
City & State		City & State		4. FEI Number 65-1176972	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLALOCK, DOUGLAS C 2725 NE 25 ST FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 DOUGLAS C. Blalock (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.				DATE 4/19/04	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANAGING MEMBER <input type="checkbox"/> Delete BLALOCK, LISA F 2725 NE 25 ST FORT LAUDERDALE, FL 33305			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOUGLAS BLALOCK 1975 EAST SUNRISE BLVD #507 FORT LAUDERDALE FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: DOUGLAS C. Blalock SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 4/19/04 (955) 4622747 Date Daytime Phone #	