2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2004 JUN -7 PM 2: 28 **DOCUMENT # L03000005298** 1. Entity Name BAHÍA HONDA AVIATION, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % 2450 SW 137TH AVE., SUITE 221 % 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01222004 Chq-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A&P RECISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE-221 MIAMLEL 33175 City 8. The above named effiting submits (his 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 istere dage the obligation SIGNAT Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Change TITLE TITLE ☐ Addition ☐ Delete BAHIA HONDA AVIATION, INC. NAME NAME 000037839580 06/10/04--01008--036 **5 STREET ADDRESS 2450 SW 137TH AVE., SUITE 228 STREET ADDRESS *******50.00 CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing class not quarify 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 trastige empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE MANAGE OR AUTHORIZED REPRESENTATIVE Daytime Phone

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