


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90010 042 ****50.00

DOCUMENT # L03000007623				05-10-2004 90010 042 ****50.00	
1. Entity Name ANOTHER ROAD AVIATION, LLC					
Principal Place of Business 6215 WILSON BLVD. JACKSONVILLE, FL 32210		Mailing Address PO BOX 7779 JACKSONVILLE, FL 32238			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04262004 Chg-LLC CR2E083 (10/03) 4. FEI Number 04-3746851 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STONEBURNER, GRESHAM R ONE INDEPENDENT DRIVE, SUITE 2000 JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP MGR/M Gregory Anderson 225 Water St Suite 2100 Jacksonville, FL 32202			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP MGR/M John B. Towers 310 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>John B. Towers</u> John B. Towers 4-30-04 904-778-1888					