2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000010313

1. Entity Name
HJ AVIATION, LLC

Principal Place of Business	Mailing Address
3450 FLIGHTLINE DRIVE LAKELAND, FL 33811 US	3450 FLIGHTLINE DRIVE LAKELAND, FL 33811 US

2. Principal Place of Business	3. Mailing Address
3581 Bayou Circle	3581 Bayou Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longboat Key, Florida	City & State: Longboat Key, Florida
Zip: 34228 Country: US	Zip: 34228 Country: US

05162005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 14-1894192 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANBORN, PATRICIA 8100 15TH ST. EAST SARASOTA, FL 34243	Name: Patricia Sanborn Street Address (P.O. Box Number is Not Acceptable): 3581 Bayou Circle City: Longboat Key FL Zip Code: 34228

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 date of appointment — NOTE: Registered Agent signature required when name is changed — DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANBORN, PATRICIA 8100 15TH ST. EAST SARASOTA, FL 34243 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patricia Sanborn 3581 Bayou Circle ~~Longboat Key, Florida 34228~~ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8UUU547447 58
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia Sanborn — Patricia Sanborn, Managing Member (941) 705-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — 5/17/2005 Date — Daytime Phone #

L03000010313

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

FILED
05 MAY 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Number	FCA000000017
Reference: (Sub Account)	
Date:	5/18/05
Requestor Name:	Carlton Fields
Address:	Post Office Drawer 190 Tallahassee, Florida 32302
Telephone:	(850) 224-1585
Contact Name:	Kim Pullen, CLA (ext. 5261)

Corporation Name: HJ Aviation, LLC

Entity Number: L03000010313

Authorization: Kim Pullen

_____ Certified Copy		_____ Certificate of Status
_____ New Filings	X Plain Stamped Copy	X Annual Report
_____ Fictitious Name	_____ Amendments	_____ Registration

(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( ) Will Wait	(X) Pick Up

CF Internal Use Only
Client: 48449 Matter: 23975
Name: Diane Mackey Office: TPA

TAL#501656.1