2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2005
Secretary of State

DOCUMENT# L03000014021

Entity Name: OKEECHOBEE AVIATION AND DEVELOPMENT LLC

Current Principal Place of Business:

10108 441 SOUTHEAST
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

1100 SOUTHEAST 5TH COURT, STE. #49
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 14-1880558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEDICORD, NANCY
1100 SE 5TH CT. #49
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

PEDICORD, NANCY L
1100 SE 5TH CT. #49
POMPANO BEACH, FL 33060 US

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: NANCY PEDICORD 05/15/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PEDICORD, LAWRENCE C
Address: 10108 441 SOUTHEAST
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGR ( ) Delete
Name: DE YOUNG, DARRYL R
Address: 10108 441 SOUTHEAST
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAWRENCE C, PEDICORD MGR 05/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date