

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/

FILED
May 26, 2004 8:00 am
Secretary of State

05-11-2004 90001 023 ****50.00

DOCUMENT # L03000014883

1. Entity Name
SHA AVIATION, LLC



Principal Place of Business
**8000 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487**

Mailing Address
**8000 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487**

34007585



04302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
**350 Camino Gardens Blvd
102**

3. Mailing Address
(Same)

City & State
Boca Raton FL
Zip
33432 Country
USA

City & State
Zip Country

4. FEI Number
42-1589656 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPPELLER, JOHN M. JR.
350 CAMINO GARDENS BLVD., #303
BOCA RATON, FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
SCOTT H. ADAMS
350 Camino Gardens Blvd. # 102
Boca Raton FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-04

Date

561-620-2599

Daytime Phone #