


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90161 038 ***150.00

DOCUMENT # L03000014903			
1. Entity Name NORTHSTAR FLYING, LLC			
Principal Place of Business 3511 NE 22ND AVENUE FT. LAUDERDALE, FL 33308		Mailing Address 3511 NE 22ND AVENUE FT. LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIGLER, KAREN J 499 NW 70TH AVENUE, #105 PLANTATION, FL 33317		Name Arvid L. Albanese	
		Street Address (P.O. Box Number is Not Acceptable) 3511 NE 22nd Avenue, Suite 350	
		City Fort Lauderdale FL Zip Code 33308	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____		2/13/2004 954-537-5544	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

