2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # L03000016896 1. Entity Name WATERFORD AVIATION, LLC | | | | | | | 05-04-2004 90022 023 ****50.00 | | | | | |
|---|----------------|--------------------------------|--|----------|--------------|--|---|-----------------------|-------------------------------|-----------------------------|---------------------------|--|
| Principal Place of Business 1061 COLLIER CENTER WAY STEES NAPLES, FL 34110 | | | Mailing Address 1061 COLLIER CENTER WAY STE: 5° NAPLES, FL 34110 | | | 24064928 | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. No suite no. | | | Suite, Apt. #, etc. No suite no. | | | | 04232004 | Chg-LLC | CR2E083 | | | |
| City & State | | | City & State | | | | 4. FEI Numb 86-10 | er 57951 | | Not | plied For t Applicable | |
| Zip | | | Zip Countr | | itry | | 5. Certificate of Status Desired S5.00 Addi | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | | |
| LESTER, DON E 1061 COLLIER CENTER WAY STE. 5 | | | Street / | | | ddress (F | dress (P.O. Box Number is Not Acceptable) | | | | | |
| NAPLES, FL 34110 | | | _ | | No suite no. | | | | | | | |
| | | | 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 poligations of registered agent. Signature. Typed a 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 | | | | | | | | Florida | check pay Departmen | | , i | |
| 9. TITLE | P | MANAGING MEMBER | RS/MANAGERS | 10. | E | Mana | cine Mem | ADDITIONS/O | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | 1061 COL | PETER | | NAME | | | E. Lester Collier Center Way es, FL 34110 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | | | Mahte | 55, Tru | 24110 | [| □ Change | ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | [| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | ~ I | | | | | [| Change | Addition | |
| indicated | l on this repo | ort is true and accurate and t | this filing does not qualify for that my signature shall have to empowered to execute this r | the same | e legal effe | ect as if m | nade under oath | h; that I am a managi | further certify ing member | y that the in or manager | formation r of the | |

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