


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

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|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000018509 1. Entity Name FLIGHT MANAGEMENT CONSULTANTS LLC |  |
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|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 6073 COCOS DRIVE FORT MYERS, FL 33908 US | Mailing Address 6073 COCOS DRIVE FORT MYERS, FL 33908 US |
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02222005No Chg-LLC CR2E083 (10/03)

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|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 42-1592248 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**JOHNSON, REBECCA B
6073 COCOS DRIVE
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHNSON, REBECCA B 6073 COCOS DRIVE FORT MYERS, FL 33908 |
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02/26/05-80021-005 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-25-05 239-482-7313