2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
05-02-2005 90368 045 ****50.00

DOCUMENT # L03000019325

1. Entity Name
STAR FLIGHT SERVICES, L.L.C.

Principal Place of Business	Mailing Address
1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609	1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3797796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, CHARLES H % 340 6TH AVENUE LA BELLE, FL 33935	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Milton H. Baxley II 4610 N.W. 13B Avenue Gainesville, Florida [32605]	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

Milton H. Baxley II, Managing Member

SIGNATURE: Milton H. Baxley II 4-29-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #