

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022460

**FILED**  
**Jun 07, 2004**  
**Secretary of State**

**Entity Name:** BRIDGES AERO, LLC

**Current Principal Place of Business:**

350 JARDINE AVENUE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

350 JARDINE AVENUE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWANN, HENRY T III  
100 SOUTHPARK BLVD.  
SUITE 308  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

SWANN, HENRY T III  
333 FIDDLERS POINT DRIVE  
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: HENRY T. SWANN, III

06/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      BRIDGES, TODD  
Address:                      350 JARDINE AVENUE  
City-St-Zip:                      ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TODD BRIDGES

MGR

06/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date