

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026823

FILED
Jul 07, 2005
Secretary of State

Entity Name: BORGMAYER AVIATION LLC

Current Principal Place of Business:

5550 N AIRPORT RD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

6532 EAGLE CREST DR
MILTON, FL 32570

New Mailing Address:

5425 ROWE TRAIL
PACE, FL 32571

FEI Number: 06-1703948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BORGMAYER, MICHAEL L
6532 EAGLE CREST DR
MILTON, FL 32570 US

Name and Address of New Registered Agent:

BORGMAYER, MICHAEL L
5425 ROWE TRAIL
PACE, FL 32571 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: ML BORGMAYER

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BORGMAYER, MICHAEL L
Address: 6532 EAGLE CREST DR
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: BORGMAYER, KEITH R
Address: 2851 SOUTH GATE LOOP
City-St-Zip: SEDALIA, MO 65301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BORGMAYER, MICHAEL L
Address: 5425 ROWE TRAIL
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ML BORGMAYER

MGRM

07/07/2005

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