CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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FILED 08:00 AM of State

ANNUAL REPORT				Apr 14, 2005 08:0	
1. Entity Nan	MENT # L0300 VATER AIRCRAFT, L				Secretary of Sta
4114 42ND	ce of Business AVENUE SOUTH BURG, FL 33711	Mailing Address 4114 42ND AVENUE SOUTH ST. PETERSBURG, FL 33711			
		(** ** ** ** ** ** ** ** ** ** ** ** **			
DO NOT WRITE IN THIS SPACE			04112005No Chg-LLC	CR2E083 (10/03)	
				NOT APPLICABLE	Not Applicable
			- T.	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of	Current Registered Agent	Ţ		
MCWILLIAMS, BILLY J 4114 42ND AVENUE SOUTH ST. PETERSBURG, FL 33711			DO NOT WRITE IN THIS SPACE		
8. The above	named entity submits this stat	ement for the purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accept
the obligat	tions of registered agent.		-		, ,
SIGNATURE.	-			· · · · · · · · · · · · · · · · · · ·	
	Signature typed or printed name of regis	ered agent and title if applicable. (NOTE, Registers	ed Agent signature required	when reinstating)	DATE
Ď	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING	MEMBERS/MANAGERS			0305731 -80097-003 50.00
TITLE	MGRM		1	CA7.44.02	-annat-mma 20.00
NAME STREET ADDRESS	MCWILLIAMS, BILLY J 4114 42ND AVENUE SO	mu			
CITY-\$1-ZIP	ST. PETERSBURG, FL 3				

DO NOT WRITE 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Signature	4.12.0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date