
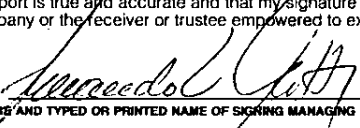


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90233 020 ****55.00

DOCUMENT # L03000034140			
1. Entity Name GLOBAL AVIATION, LLC			
Principal Place of Business 880 MANDALAY AVENUE N415 CLEARWATER BEACH, FL 33767 US		Mailing Address 880 MANDALAY AVENUE N415 CLEARWATER BEACH, FL 33767 US	
2. Principal Place of Business 880 Mandalay Ave		3. Mailing Address Same	
Suite, Apt. #, etc. C-909		Suite, Apt. #, etc.	
City & State Clearwater Beach		City & State FL	
Zip 33767	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MOTTA, ARMANDO L 3220 W. OAK STREET KISSIMMEE, FL 34741		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOTTA, ARMANDO L 3220 W. OAK STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		7/13/04 407-8467422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

14025981



07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number **760740721** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**