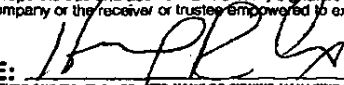


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/2/

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-02-2004 90209 049 ****50.00

DOCUMENT # L03000034596 1. Entity Name CENTRAL FLORIDA AERO, LLC					
Principal Place of Business 942 PARRISH DRIVE CLERMONT, FL 34711			Mailing Address P.O. BOX 2394 MINNEOLA, FL 34755-2394		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent COX, PIERRETTE M 942 PARRISH DRIVE CLERMONT, FL 34711				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 renewing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	MONTAGUE, CHARLES A		NAME		
STREET ADDRESS	34938 LEARN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	EVANS, THOMAS J		NAME		
STREET ADDRESS	6262 LIGHTNER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	COX, HOWARD R		NAME		
STREET ADDRESS	942 PARRISH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1/29/04 352-348-4907		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34000873



01102004 Chg-LLC CR2E083 (10/03)

4. FEI Number **55-0846330** Applied For Not Applicable

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

FL Zip Code