

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000039061

1. Entity Name
THOMAS BAHAMAS AIRWAYS, LLC



Principal Place of Business
**1700 SKY HAWK COURT
DAYTONA BEACH, FL 32138**

Mailing Address
**1700 SKY HAWK COURT
DAYTONA BEACH, FL 32138**



07152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0711802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, THOMAS E
1700 SKY HAWK COURT
DAYTONA BEACH, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JOHNSON, THOMAS E
1700 SKY HAWK COURT
DAYTONA BEACH, FL 32138**

~~U00000168667 07/29/04 00001-003 55.00~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

~~U00000168667 07/29/04 80001-003 50.00~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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: THOMAS E. JOHNSON, MGRM
Thomas E. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-15-04

386 767-4477