

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90116 049 \*\*\*\*\*50.00

**34000669**



01232004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000043154</b> 1. Entity Name <b>SIGMA AIRCRAFT, L.C.</b>					
Principal Place of Business <b>25188 E. MARION AVE. #7203 PUNTA GORDA, FL 33950</b>			Mailing Address <b>%JACK O HACKETT II, ESQ-FARR FARR EMERICH P.O. DRAWER 511447 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business <b>25188 E. Marion Avenue</b>		3. Mailing Address Suite, Apt. #, etc. <b>#F203</b>			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>			
Zip <b>33950</b>		Country <b>USA</b>		4. FEI Number <b>01232004</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>HACKETT, JACK O II ESQ FARR, FARR, EMERICH, SIFRIT, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Thomas W. Noone</b> <b>25188 E. Marion Ave. #F203</b> <b>Punta Gorda, FL 33950</b>	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b>			Date <b>2/3/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>941-505-0974</b>		