

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051267

FILED  
May 02, 2004  
Secretary of State

Entity Name: CAVU, LLC

**Current Principal Place of Business:**

117 WEST ALEXANDER STREET  
SUITE 119  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

110 W. REYNOLDS STREET  
SUITE 206  
PLANT CITY, FL 33563 US

**Current Mailing Address:**

117 WEST ALEXANDER STREET  
SUITE 119  
PLANT CITY, FL 33566 US

**New Mailing Address:**

110 W. REYNOLDS STREET  
SUITE 206  
PLANT CITY, FL 33563 US

FEI Number: 20-0438606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCULLERS, KIMBERLY M  
3322 SILVERMOON DRIVE  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MCCULLERS, STEVEN D  
Address: 117 WEST ALEXANDER ST., SUITE 119  
City-St-Zip: PLANT CITY, FL 33566 US

Title: MGRM ( ) Delete  
Name: MCCULLERS, KIMBERLY M  
Address: 117 WEST ALEXANDER ST., SUITE 119  
City-St-Zip: PLANT CITY, FL 33566 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCULLERS, STEVEN D  
Address: 110 W. REYNOLDS STREET, SUITE 206  
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGRM (X) Change ( ) Addition  
Name: MCCULLERS, KIMBERLY M  
Address: 110 W. REYNOLDS STREET, SUITE 206  
City-St-Zip: PLANT CITY, FL 33563 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KIMBERLY M. MCCULLERS

MGRM

05/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date