## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000029406** FUED JIW AIRCRAFT, LLC 05 APR 19 PH 12: 13 Principal Place of Business Mailing Address TALLAN SSEE, FLORIDA 4636 NORTH DALE MABRY HIGHWAY 4636 NORTH DALE MABRY HIGHWAY TAMPA, FL 33614 TAMPA, FL 33614 2. Principal Place of Business 3. Mailing Address 3800 W. Hillsborough Ave. 3800 W. Hillsborough Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number City & State Applied For 107726 Tampa, FL Tampa, FL Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired 33614 33614 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBBINS, R. JAMES JR. Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602 City 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 aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Chance Addition A WOOLEY, JEFFREY I NAME NAME STREET ADDRESS STREET ADDRESS 3800 W. Hillsborough Ave. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33614 ☐ Delete me Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 04101105 90155044 \$50.00 Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZtP T. Brumbley APR 2 0 2005 ☐ Delete 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. 3/28/05 (813)865-8000 Jeffrey I. Wooley SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #