## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000030455

**FILED** Jan 10, 2005 8:00 am Secretary of State 01-10-2005 90057 020 \*\*\*\*50.00

1. Entity Name SNOWSNAKE AVIATION, L.L.C.							or 10 <b>2</b> 000	90007 0 <b>2</b> 0	50.	
Principal Place of Business 8494 NAVARRE PARKWAY NAVARRE, FL 32566			Mailing Address 8494 NAVARRE PARKWAY NAVARRE, FL 32566			20000900				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E083 (10	(03)	
City & State			City & State			4. FEI Number 55-086	4077		<del></del>	lied For Applicable
Zip	Country		Zìp	Country		5. Certificate of	Status Desired	□ \$5.00 Fee Re		onal
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
		-		Name -	ame - : -					
BOROWSKI, T.A. JR. 25 W. CEDAR STREET, SUITE 304 PENSACOLA, FL 32502					Street Address (P.O. Box Number is Not Acceptable)					
TENONOGEN, TE 32302					City Zip Code					
The above named entity submits this statement for the purpose of changing its register.					City FL Zip Code red office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept					
the obligations of registered agent.										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Fi	iling Fee i ue by Ma	is \$50.00	S *	er e e e e e e e e e e e e e e e e e e	₩L.	:		e check payable a Department of		
9.		MANAGING MEMBER	I RS/MANAGERS	10.	4	1	ADDITIONS	CHANGES	•	
TITLE	MGRM	110 0 11 10 11 10 11 10 11	☐ Delete	TITLE				☐ Ch	anne	Addition
NAME	1	WILLIAM A	- Delete	NAME					ungo	
STREET ADDRESS		DAR STREET, SUITE 30	 ∩⊿		ADDRESS	-	•			ł
CITY-ST-ZIP	PENSACOLA, FL 32502				T-ZIP					]
TITLE	MGRM	Delete	TITLE				☐ Ch	ange	Addition	
NAME	BOROWSKI, T.A. JR.							<b>-</b>		-
STREET ADDRESS	25 W. CE	DAR STREET, SUITE 30	04	STREET	ADDRESS					
CITY+ST-ZIP	PENSAC	OLA, FL 32502		CITY-S	T-ZIP					ŀ
TITLE			☐ Delete	TITLE				☐ Ch	ange	Addition
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CITY-ST-ZIP CITY-					1	•		-		.
11 I bereby	certify that th	e information-cumplied with	this filing does not qualify for	the ever	ntion stated in Se	action 119 07(3\(i)	Florida Statutes	I further certify that	the inf	ormation

I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this report is true and a statute and that my signature shall have same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William A. Pullum, Mgr., 1/5/05 850/939-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Descriptions

Descrip