


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-19-2005 90026 025 *****50.00
L04000035332

DOCUMENT # L04000035332 1. Entity Name YOUNG AVIATION, LLC						FILED May 13, 2005 8:00 A.M. Secretary of State	
Principal Place of Business 7918 S.W. 5TH STREET NORTH LAUDERDALE, FL 33068				Mailing Address 7918 S.W. 5TH STREET NORTH LAUDERDALE, FL 33068			
2. Principal Place of Business Suite/Apt. #, etc.:				3. Mailing Address Suite, Apt. #, etc.:			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent YOUNG, JOEL JR. 7918 S.W. 5TH STREET NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE <i>MEM</i> NAME <i>JOEL YOUNG</i> STREET ADDRESS <i>7918 SW 5 Street</i> CITY-ST-ZIP <i>N. Land FL 33068</i>	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
SIGNATURE: <i>[Signature]</i>				Date <i>4-14-05</i> Daytime Phone #			