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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
OCT 18 PM 3:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14019192

08092005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000038521

1. Entity Name
STRAIGHT ARROW AVIATION, LLC

Principal Place of Business	Mailing Address
1809 N SECOND ST LOWER JACKSONVILLE BCH., FL 32250	1809 N SECOND ST LOWER JACKSONVILLE BCH., FL 32250

2. Principal Place of Business	3. Mailing Address
8524 Blackberry Lane E.	8524 Blackberry Lane E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville Florida
Zip: 32244 Country: USA	Zip: 32244 Country: USA

4. FEI Number: 20-1389858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG FLIGHT SCHOOL INC
855-1 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32225

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANNON, JOSEPH D 1809 N SECOND ST JACKSONVILLE BEACH, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shannon, Joseph D. 8524 Blackberry Lane E. Jacksonville Florida 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Joseph D. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #