
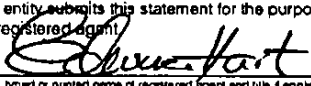



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 04, 2005 8:00 am  
Secretary of State

04-05-2005 90009 029 \*\*\*\*50.00

DOCUMENT # L04000044491			
1. Entity Name AIROFLY, LLC			
Principal Place of Business 5240 19TH STREET ZEPHYRHILLS FL 33542		Mailing Address 5240 19TH STREET ZEPHYRHILLS FL 33542	
2. Principal Place of Business Sebastian Municipal Airport Suite, Apt. #, etc. Hanger A Building A City & State Sebastian, FL Zip 32958 Country USA		3. Mailing Address PO Box 216 Suite, Apt. #, etc. Roseland City & State Roseland FL Zip 32957 Country USA	
4. FEI Number 20-2186774		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent WALTON, CAROLINE R 5240 19TH STREET ZEPHYRHILLS FL 33542		7. Name and Address of New Registered Agent Name E. HART Street Address (P.O. Box Number is Not Acceptable) 2505 N OCEAN DRIVE, #3 City FT PIERCE FL Zip Code 34949	
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  DATE 3 March 05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b> </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URE, JAMES COLIN J 5240 19TH STREET ZEPHYRHILLS FL 33542 <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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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
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: 		3/8/05 (813) 363-6895	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date De/Type Phone #</small>	