

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90025 039 ****50.00

DOCUMENT # L04000046982					
1. Entity Name M3N AVIATION, LLC					
Principal Place of Business 12157 W LINEBAUGH AVE, STE 103 TAMPA, FL 33626			Mailing Address 12157 W LINEBAUGH AVE, STE 103 TAMPA, FL 33626		
2. Principal Place of Business 14734 Waterchase Blvd Suite, Apt. #, etc.		3. Mailing Address 14734 Waterchase Blvd Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 36-2275131	
Zip 33626		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, MICHAEL A 12157 W LINEBAUGH AVE, STE 103 TAMPA, FL 33626				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 14734 WATERCHASE BLVD City TAMPA FL Zip Code 33626	
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 <u>MICHAEL A. HODGES, MGRM</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGES, MELODIE A 12157 W LINEBAUGH AVE, STE 103 TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODGES, MICHAEL A 12157 W LINEBAUGH AVE, STE 103 TAMPA, FL 33626	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 4/18/05 (813) 269-2525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					