2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000054482

Entity Name: FIRST FLIGHT AVIATION, LLC

Current Principal Place of Business:

605 DANLEY DRIVE, SUITE 11
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

605 DANLEY DRIVE, SUITE 11
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 27-0098760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAYUSA, MICHAEL F ESQ.
1922 VICTORIA AVE., SUITE A
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	STOECKER, GERHARD	
Address:	10523 PUTNAM COURT	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MGRM	( ) Delete
Name:	DUBIN, WAYNE M	
Address:	3385 PRESIDENTIAL COURT, UNIT 103	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	MGRM	( ) Delete
Name:	NOUGHTON, LARRY W	
Address:	5601 HARBORAGE DRIVE	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LARRY W. NOUGHTON MGRM 04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date