

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90105 007 \*\*\*\*50.00

**20066801**



08022005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1407740** Applied For Not Applicable

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

DOCUMENT # L04000055211

1. Entity Name  
CARBALLO AVIATION LLC



Principal Place of Business  
384 EAGLE DRIVE  
JUPITER, FL 33477

Mailing Address  
7030 S. YALE  
SUITE 300  
TULSA, OK 74136

2. Principal Place of Business  
**129 COMMODORE DRIVE**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**JUPITER, FL**

City & State  
City, State, Zip, Country

6. Name and Address of Current Registered Agent  
CARBALLO, BERNARD  
129 COMMODORE DRIVE  
JUPITER, FL 33477

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 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 CARBALLO, BERNARD 384 EAGLE DRIVE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBALLO, BERNARD 129 COMMODORE DRIVE JUPITER, FL 33477 <input checked="" 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: Bernard A. Carballo **BERNARD A. CARBALLO** **8-8-05** **(561) 741-0096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #