

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 025 ****50.00

DOCUMENT # L04000067313					
1. Entity Name TACKETT AVIATION, LLC					
Principal Place of Business 4510 S.W. 34TH DR. FT. LAUDERDALE, FL 33312			Mailing Address 4510 S.W. 34TH DR. FT. LAUDERDALE, FL 33312		
2. Principal Place of Business 61 Grey Wing Pt Suite, Apt. #, etc.		3. Mailing Address 61 Grey Wing Pt Suite, Apt. #, etc.			
City & State Naples FL		City & State Naples FL		03052006 Chg-LLC CR2E083 (11/05)	
Zip 34113		Country US		4. FEI Number 38-3707057	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TACKETT, MARTIN G 4510 S.W. 34TH DR. FT. LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name: TACKETT, MARTIN G Street Address (P.O. Box Number is Not Acceptable): 61 Grey Wing Pt City: Naples FL Zip Code: 34113		
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: 3-12-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TACKETT, MARTIN G 4510 S.W. 34TH DR. FT. LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTIN TACKETT 61 Grey Wing Pt Naples FL 34113	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			3-12-2006		954-465-0505
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>