

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086141

FILED
Apr 13, 2005
Secretary of State

Entity Name: A BETTER ROAD AVIATION, LLC

Current Principal Place of Business:

855-5 N. ST. JOHNS BLUFF ROAD
HANGAR 4302
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

855-5 N. ST. JOHNS BLUFF ROAD
HANGAR 4302
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1938703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAY, JONATHAN L
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

DAVIE, STEPHEN C
855-5 N. ST. JOHNS BLUFF ROAD
HANGAR 4302
JACKSONVILLE, FL 32225 US

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: STEPHEN C. DAVIE

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DAVIE, STEPHEN C
Address: 855-5 N. ST. JOHNS BLUFF ROAD, HANGAR 4302
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Change (X) Addition
Name: TOWERS, JOHN
Address: 855-5 N. ST. JOHNS BLUFF ROAD, HANGAR 4302
City-St-Zip: JACKSONVILLE, FL 32225

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: STEPHEN C. DAVIE

MGR

04/13/2005

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