2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000087310

1. Entity Name
AZTEC AVIATION, LLC

Principal Place of Business	Mailing Address
509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080	509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080

14002127

03302005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-1951295
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
HAHNEMANN, ROBERT 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ST. AUGUSTINE DEVELOPMENT CORP.		NAME			
STREET ADDRESS	509 ANASTASIA BLVD.		STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____   4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #