

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048170

Entity Name: CAVU I, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

9430 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9430 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 20-3497679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, PHILIP M  
9430 S MAGNOLIA AVENUE  
OCALA, FL 34476 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/MANAGERS:**

Title: MM ( ) Delete  
Name: MATTHEWS, PHILIP M  
Address: 9430 S MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34476

Title: MM ( ) Delete  
Name: HAHN, J KEVIN  
Address: 9680 NW 80TH AVENUE  
City-St-Zip: Ocala, FL 34482

Title: MM ( ) Delete  
Name: PETERSON, JOHN L  
Address: PO BOX 487  
City-St-Zip: Ocala, FL 34478

Title: MM ( ) Delete  
Name: FINK, ROLAND R  
Address: 5721 SE 38TH STREET  
City-St-Zip: Ocala, FL 34480

Title: MM ( ) Delete  
Name: FINK, JAMES J  
Address: 2441 SE 38TH STREET  
City-St-Zip: Ocala, FL 34480

**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:

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 exemption stated in Chapter 119, 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: PHILIP M. MATTHEWS

MM

04/22/2009

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