


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90030 021 \*\*\*\*50.00

<b>DOCUMENT # L05000058874</b>					
<b>1. Entity Name</b> ANCHUCA AVIATION, LLC					
<b>Principal Place of Business</b> 41 LAKE MORTON DRIVE LAKELAND, FL 33801			<b>Mailing Address</b> 41 LAKE MORTON DRIVE LAKELAND, FL 33801		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> P.O. Box 2420		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b> LAKELAND FL		
<b>Zip</b>		<b>Country</b>		<b>Zip</b> 33806	
<b>Country</b>		<b>Country</b> Polk		<b>4. FEI Number</b> 20-3009961	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> JOHNSON, DENNIS P 225 E. LEMON STREET, SUITE 300 LAKELAND, FL 33801					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR RUTHVEN, JOE P 41 LAKE MORTON DRIVE LAKELAND, FL 33801	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 3.3.06 Daytime Phone #: 863.686.3173		