2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000058874

1. Entity Name

ANCHUCA AVIATION, LLC



Principal Place of Business

Mailing Address

41 LAKE MORTON DRIVE LAKELAND, FL 33801

POB 2420 LAKELAND, FL 33806

DO NOT WRITE IN THIS SPACE

02272007No Chg-LLC

CR2E083 (11/05)

FILED

Mar 12, 2007 08:00 AM Secretary of State

4. FEI Number 20-3009961

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DENNIS P 225 E. LEMON STREET, SUITE 300 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

			•
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	Signature, typed or printed name or registered agent and title if applicable	(NOTE Hegiziareo Agent aginatura radurao when rematating)	DAIC
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	the state of the s	· · · · · · · · · · · · · · · · · · ·
TITLE	MGR	the second of th	
NAME	RUTHVEN, JOE P		
STREET ADDRESS	41 LAKE MORTON DRIVE		
CITY-ST-ZIP	LAKELAND, FL 33801	the second secon	
TITLE		U00000662943	
NAME		03/	/21/07-80032-018 50.00
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		A Section of the sect	
NAME STREET ADDRESS		Service and the service of the servi	
CITY-ST-ZIP		DO NOT	WRITE
TITLE			
NAME		IN THIS	SPACE
STREET ADDRESS			
CITY-ST-ZIP			· .
TITLE		And the second second second	•
NAME		and the second s	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	,	Carrier State of the State of the Control	the same of the sa
NAME	·		
STREET ADDRESS		the state of the s	

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 frue and accident and managing member or manager of the limited liability company by the fection or install execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___

CITY-ST-ZIP

JOE Y. KUTHUEN

フィンフィック

863,686,3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #