


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 008 ***138.75

DOCUMENT # L06000024594 1. Entity Name TAMPA AVIATION ASSOCIATES ,LLC					
Principal Place of Business 2301 NW 33RD COURT #111 POMPAÑO BEACH, FL 33069 US			Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4700 SHERIDAN STREET SUITE B HOLLYWOOD, FL Zip 33021 Country USA			
City & State Zip		City & State HOLLYWOOD, FL Zip 33021		4. FEI Number 20-4455446	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CROSS, KC 4 WEST DANIA BEACH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name CROSS, KC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL Zip Code 33021		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, KC 4 WEST DANIA BEACH BLVD DANIA, FL 33004	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/30/08 954-367-4563 <small>Date Daytime Phone #</small>		