


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L95000000201			
SCOFIELD AIRCRAFT COMPANY, I. C. C/O HALF CIRCLE L RANCH STE A 3584 EXCHANGE AVENUE NAPLES FL 33942		FILED 97 MAY -1 AM 10: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address C/O HALF CIRCLE L RANCH STE A 3584 EXCHANGE AVENUE NAPLES FL 33942			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc. <i>Suite C</i>		Suite, Apt. #, etc. <i>Suite C</i>		03/09/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0598550	
Country		Country		5. Date of Last Report	
34104		34104		03/01/1996	
7. Name and Address of Current Registered Agent		3a. State of Formation FL			
STEWART, JAMES C 1725 COUNTY ROAD 951 SUITE 106, PINE PLAZA GOLFEN GATE FL 33999		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
8. Name and Address of New Registered Agent		7. Date of Last Report			
Name		03/01/1996			
Street Address (P.O. Box Number is Not Acceptable)		6. Certificate of Status Desired			
Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
City		7. Date of Last Report			
FL		03/01/1996			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	SCOFIELD, DANE T	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, SUZANN	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, MICHAEL K	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, LYNNA G	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, MILES B	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, DOROTHY	3584 EXCHANGE AVENUE STE C		NAPLES FL	
MEM	SCOFIELD, MILES L.	3584 EXCHANGE AVENUE STE C		NAPLES FL	
11. I do 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 annual 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 prepare this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Suzann Scofield</i> <i>Dorothy Scofield</i> <i>Michael K. Scofield</i> <i>Miles B. Scofield</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____					