


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90001 030 \*\*\*\*50.00

<b>DOCUMENT # M03000000457</b>	
1. Entity Name <b>STUART JET SALES, LLC</b>	

Principal Place of Business <b>2313-3 S.E. AVIATION WAY, SUITE 303 &amp; 304 WILMINGTON, DE 19801</b>	Mailing Address <b>2313-3 S.E. AVIATION WAY, SUITE 303 &amp; 304 WILMINGTON, DE 19801</b>
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2. Principal Place of Business <b>2313-3 S.E. Aviation Way</b> Suite, Apt. #, etc. <b>Suite 303 &amp; 304</b> City & State <b>Stuart, FL</b> Zip <b>34996</b> Country <b>USA</b>	3. Mailing Address <b>2313-3 Aviation Way</b> Suite, Apt. #, etc. <b>Suite 303 &amp; 304</b> City & State <b>Stuart, FL</b> Zip <b>34996</b> Country <b>USA</b>
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05062004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>16-1651205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARTIN, WYLIE D</b> <b>2313-3 S.E. AVIATION WAY, SUITE 303 &amp; 304</b> <b>STUART, FL 34996</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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.

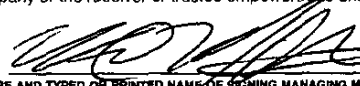
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, WYLIE D 2313-3 S.E. AVIATION WAY, SUITE 303 & 304 WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RALPH P.O. BOX 410485 MELBOURNE, FL 32941 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES T. RATHMAN REVOCABLE TRUST 209 AIRPORT DRIVE TYLER, TX 75704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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:**  **Wylie D. Martin** 5/7/04 772.228.1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #