

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002558

FILED
Mar 18, 2004
Secretary of State

Entity Name: M AVIATION SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

8836 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

1550-3 VILLAGE SQUARE BOULEVARD
TALLAHASSEE, FL 32309

Current Mailing Address:

8836 WINGED FOOT DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

1550-3 VILLAGE SQUARE BOULEVARD
TALLAHASSEE, FL 32309

FEI Number: 20-0106826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MATTICE, WILLIAM T
Address: 8836 WINGED FOOT DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATTICE, WILLIAM T
Address: 1550-3 VILLAGE SQUARE BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: MATTICE, LORI B
Address: 1550-3 VILLAGE SQUARE BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM T. MATTICE

MGRM

03/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date