

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028411

FILED
Mar 06, 2008
Secretary of State

Entity Name: INDIA CHARLIE AVIATION, LLC

Current Principal Place of Business:

3001 TAMIAMI TRAIL NORTH, STE 207
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3001 TAMIAMI TRAIL NORTH, STE 207
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1066062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKOVICH, JOSEPH I
3001 TAMIAMI TRAIL NORTH, STE 207
NAPLES, FL 34103 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/MANAGERS:

Title: MGR () Delete
Name: COLLIER, BARRON G II
Address: 3001 TAMIAMI TRAIL NORTH, # 207
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: COLLIER, MILES C
Address: 3001 TAMIAMI TRAIL NORTH, # 207
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: PERKOVICH, JOSEPH I
Address: 3001 TAMIAMI TRAIL NORTH, # 207
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH I PERKOVICH

MGR

03/06/2008

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