


**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90074 001 \*\*\*350.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L05000028234</b>					
1. Entity Name <b>AIRPART, LLC</b>					
Principal Place of Business <b>C/O J.C. DEMETREE, JR. 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>			Mailing Address <b>C/O J.C. DEMETREE, JR. 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR 20-4806313</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEMETREE, J.C. JR 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEMETREE, J C JR</b>	NAME			
STREET ADDRESS	<b>3740 BEACH BLD STE 300</b>	STREET ADDRESS	<b>ACH BLD STE 300</b>		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>J.C. Demetree, Jr.</u>			Date: <u>4/2/07</u> (904) 398-7380		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					