


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 013 ***138.75

DOCUMENT # L05000028234

1. Entity Name
AIRPART, LLC



Principal Place of Business
**C/O J.C. DEMETREE, JR.
 3740 BEACH BOULEVARD, SUITE 300
 JACKSONVILLE, FL 32207**

Mailing Address
**C/O J.C. DEMETREE, JR.
 3740 BEACH BOULEVARD, SUITE 300
 JACKSONVILLE, FL 32207**

50005288



2. Principal Place of Business - No P.O. Box #
1551 Atlantic Blvd.

3. Mailing Address
P.O. Box 47050

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
20-4806313

Applied For
 Not Applicable

Zip
32207

Country

Zip
32247-7050

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**DEMETREE, J.C. JR
 3740 BEACH BOULEVARD, SUITE 300
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
Demetree, J. C. Jr.

Street Address (P.O. Box Number is Not Acceptable)
1551 Atlantic Blvd., Suite 300

City
Jacksonville

FL Zip Code
32207

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 *J.C. Demetree Jr.* DATE **4/28/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMETREE, J C JR 3740 BEACH BLD STE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Demetree, Jr, J. C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *J.C. Demetree Jr.* Date **4/28/08** Daytime Phone # **904 398 7350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE