2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L07000037404

Entity Name: SUNSHINE STATE HELICOPTERS, LLC

Current Principal Place of Business:

4544 BARTELT ROAD
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

PO BOX 3400
HOLIDAY, FL 34692

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHRAM, DARYL
1349 DINSMORE COURT
NEW PORT RICHEY, FL 34655 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: SCHRAM, MARGARET
Address: 4544 BARTELT ROAD
City-St-Zip: HOLIDAY, FL 34690

Title: MGR ( ) Delete
Name: SCHRAM, DARYL
Address: 4544 BARTELT ROAD
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES:

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: MARGARET SCHRAM MGR 01/16/2009

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