

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013195

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: AIRLINERS INTERNATIONAL 2009 LLC

**Current Principal Place of Business:**

1018 FEATHERSTONE CIRCLE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 54  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 26-1979017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLISTON, TODD W ESQ.  
8211 W. BROWARD BLVD., STE. 375  
PLANTATION, FL 33324 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: DEMAREST, WILLIAM M  
Address: 1018 FEATHERSTONE CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: LEVINE, LINDA  
Address: 4215 BUCHANAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: LEVINE, DONALD  
Address: 4215 BUCHANAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete  
Name: JARMAN, ROGER  
Address: 7661 NW 68 STREET, #117  
City-St-Zip: MIAMI, FL 33166

**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:

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: WILLIAM M. DEMAREST

MGR

01/19/2009

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