

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101818

FILED
Mar 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA AG AERO, LLC

Current Principal Place of Business:

12155 MATTIODA ROAD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2394
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 26-3457980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, PIERRETTE M
942 PARRISH DRIVE
MINNEOLA, FL 34715 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: MGRM () Delete
Name: MONTAGUE, CHARLES A
Address: 34938 LEARN ROAD
City-St-Zip: LEESBURG, FL 34788

Title: MGRM () Delete
Name: COX, HOWARD R
Address: 942 PARRISH DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: MGRM () Delete
Name: CLOUGH, RICHARD M.S.
Address: 40 OUR HAVEN WAY
City-St-Zip: GEORGETOWN, GRAND CAYMAN,

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: HOWARD COX

MGRM

03/16/2009

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