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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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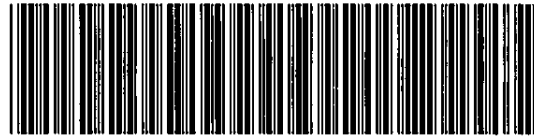
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 17 PM 3:33

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA AVIATION LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES T HANSKAT

(Contact Person)

FLORIDA AVIATION LP

(Firm/Company)

1304 EAST ATLANTIC BOULEVARD

(Address)

POMPANO BEACH FL 33060 US

(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES T HANSKAT at ( 954 ) 946-7763  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

|  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee | <input type="checkbox"/> \$105.00 Filing Fee | <input type="checkbox"/> \$113.75 Filing Fee, |
| <b>BAL = \$ 27 50</b>                                  | and Certificate of                          | and Certified Copy                           | Certified Copy, and                           |
|  | Status                                      |  | Certificate of Status                         |

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**FLORIDA AVIATION LP**

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/27/2007, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

The Registered Agent Name & Address shall be changed to:

JAMES T HANSKAT, 1304 EAST ATLANTIC BOULEVARD

POMPANO BEACH FL 33060

AND

The General Partner's Name & Address shall be changed to:

JAMES T HANSKAT, 1304 EAST ATLANTIC BOULEVARD

POMPANO BEACH FL 33060

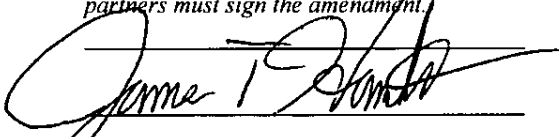
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**SECOND:** Effective date, if other than the date of filing: 06/27/2007

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

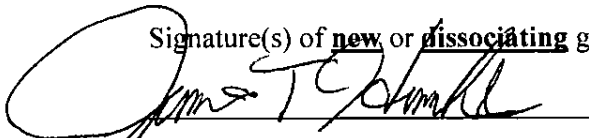
Signature(s) of a general partner(s)\*:

*(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)*

  
JAMES HANSKAT

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DIVISION OF CORPORATIONS

Signature(s) of new or dissociating general partner(s), if any:

  
JAMES T. HANSKAT

AS PRESIDENT OF ASSET MANAGEMENT GROUP I, INC.  
PRIOR GENERAL PARTNER

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75