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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
•				
SUBJECT: Magellan Aviation Services 4077 LLLP				
Name of Florida Limited Part	nership or Limited Liability Limited Partnership			
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.			
Please return all correspondence concerning	this matter to:			
Amenda Duna	•			
Amanda Dunn  Contact Person				
Magellan Aircraft Services LLLP	- Pro			
Firm/Company		<u> </u>		
2345(B) Township Road		AR.		
Address		<b>K</b> AR 25		
Charlotte NC 28273	u°.			
City, State and Zip Code	न — "	TAL .		
Larry.Grogan@magellangroup.net		PH 3: 44		
E-mail address: (to be used for future annual rep	port notification)	i		
For further information concerning this matter	er, please call:			
Amanda Dunn	at (704 ) 504 9204 (x203)			
Name of Contact Person	Area Code and Daytime Telephone Number	_		
Enclosed is a check for the following amoun	it:			
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status Fee)	\$1,052.50 Filing Fees and Certified Copy  \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			

CR2E030 (01/06)

Tallahassee, FL 32301

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. Magellan Aviation Services 4077 LLLP		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		
2. 11 S. Swinton Avenue, Delray Beach, FL 33444		
(Street address of initial designated office)	_	
3. Magellan Group Investments LLC	_ 	
(Name of Registered Agent for Service of Process)	<b>M</b> AR	T
4.11 S. Swinton Avenue, Delray Beach, FL 33444	25	(Delicate
(Florida street address for Registered Agent)	p	m
	-ಭ	O
5. I hereby accept the appointment as registered agent and agreeto act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and agreet the obligations of my position as registered agent.  Signature of Registered Agent  LAWLENCE E. GROGAN, A MAGELLAN GROUP INVESTOR	o #	Treasurer, 's LLC.

7. If limited partnership elects to be a limited liability limited partnership, check box

\$8.75

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Certificate of Status (optional):