## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000000998

Entity Name: AEROPARTNERS, LLC

City-St-Zip:

PORTLAND, OR 97212

FILED Jan 11, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4615 N HALE AVE TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** P.O. BOX 15877 TAMPA, FL 33684 FEI Number: 59-3621364 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FERNANDEZ, PETER J Name: Name: Address: 11702 WESSON CIRCLE WEST Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WHITE, RONALD A Name: Address: 4918 WEST BAYWAY PLACE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SKYSTONE, LP, Name: Name: 1910 NE 30TH AVE. Address: Address:

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.

City-St-Zip:

SIGNATURE: PETE FERNANDEZ MGRM 01/11/2008