

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014141

1. Entity Name
LUSCOMBE AIRCRAFT, LATIN AMERICA, L.L.C.



Principal Place of Business
**3301 BAYSHORE BLVD., STE. 1102
TAMPA, FL 33629**

Mailing Address
**3301 BAYSHORE BLVD., STE. 1102
TAMPA, FL 33629**



02042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1060731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARBETT, JAMES S ESQ
10014 N DALE MABRY STE 101
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000659741
03/16/07-80042-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GIBSON, CHARLES JR
3301 BAYSHORE BL #1102
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GIBSON, PATTON
3301 BAYSHORE BL #1102
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/22/07

Date

**(813)
5458778**

Daytime Phone #