


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000016014</b> 1. Entity Name <b>AEROQUEST, LLC</b>	
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Principal Place of Business <b>9000 SEMINOLE BLVD SEMINOLE, FL 33772</b>	Mailing Address <b>9000 SEMINOLE BLVD SEMINOLE, FL 33772</b>
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08132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3737779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>AHLQUIST, BRYAN MR 9000 SEMINOLE BLVD SEMINOLE, FL 33772</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHLQUIST, BRYAN MR 5240 DENVER ST NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORTNYK, GEORGE MR 13938 85TH TERRACE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELEON, JOSEPH M MR 5991 36TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIDGEWAY, BRINTON MR 2820 LANDOVER DRIVE CLEARWATER, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULIDO, JOSEPH MR 635 ADDISON DRIVE NE ST PETERSBURG, FL 37716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000772844 08/23/07-80003-009 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Joseph M. DeLeon (Joseph M. DeLeon) 18 Aug 07 727-302-3324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #