2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# L01000014510

Entity Name: AEROVISTAS, LLC

Current Principal Place of Business:

2328 HANCOCK BRIDGE PARKWAY
SUITE 114
CAPE CORAL, FL 33990

New Principal Place of Business:

19200 TAMMY LANE
NORTH FORT MYERS, FL 33917

Current Mailing Address:

2328 HANCOCK BRIDGE PARKWAY
SUITE 114
CAPE CORAL, FL 33990

New Mailing Address:

19200 TAMMY LANE
NORTH FORT MYERS, FL 33917

FEI Number: 65-1133636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUSKAI, GAIL A
2328 HANCOCK BRIDGE PARKWAY
SUITE 114
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

RUSKAI, GAIL A
19200 TAMMY LANE
NORTH FORT MYERS, FL 33917 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: _____ 05/13/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RUSKAI, JOHN J
Address: 2328 HANCOCK BRIDGE PARKWAY
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RUSKAI, JOHN J
Address: 19200 TAMMY LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

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.

SIGNATURE: JOHN J. RUSKAI MGR 05/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date