2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State

DOCUMENT # L01000016195 1. Entity Name AEROTECH COMMERCIAL CHARTERS, LLC						90045 005 ****5		
Principal Place of Business Mailing Address 801 SMOKERISE BLVD. PORT ORANGE, FL 32127 PORT ORANGE, FL 32127			7					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb 59-374		——————————————————————————————————————	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$5.00 A	ditional	
6. Name and Address of Current R		Registered Agent	7. Name and Address of New		Address of New F	Registered Agent		
SARTORETTI, FRANK			Name					
801 SMOKERISE BLVD. PORT ORANGE, FL 32127			Street Add	dress (P.O. Box Numb	er is Not Acceptabl	e) 		
			City	City Zip Code				
9 The above	·	the number of changing its re	City	FL ice or registered agent, or both, in the State of Florida. I am fa				
	named entity submits this statement to tions of registered agent.	r the purpose от спанулну ва ге	gistered onice or re	egistered agent, or bu	th, in the State of Fr	onda. Tam tamillar wibi.	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signature	required when reinstating)		DATE	·-···	
Filing Fee is \$50.00 Due by September 6, 2006								
Fil Due l	ling Fee is \$50.00 by September 6, 2006					te check payable to a Department of Stat	te	
Fil Due I	by September 6, 2006	RS/MANAGERS	10.			a Department of Stat	le	
9. TITLE	by September 6, 2006 MANAGING MEMBE MGRM	RS/MANAGERS	TITLE		Florid	a Department of Stat	Addition	
9. TITLE COMME	MANAGING MEMBE MGRM SARTORETTI, PETER		TITLE NAME		Florid	A Department of State		
9. TITLE	by September 6, 2006 MANAGING MEMBE MGRM		TITLE		Florid	A Department of State		
9	MANAGING MEMBE MGRM SARTORETTI, PETER .801 SMOKERISE BLVD.		TITLE NAME STREET ADDRESS		Florid	A Department of State		
9. TITLE TAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM SARTORETTI, PETER .801 SMOKERISE BLVD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florid	a Department of State /CHANGES ☐ Change	☐ Addition	
9. TITLE TANAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM SARTORETTI, PETER .801 SMOKERISE BLVD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florid	a Department of State /CHANGES ☐ Change	☐ Addition	
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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: SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE
FRANK SARTORETITI

7/10/06

386.257.4322

Daytime Phone #