
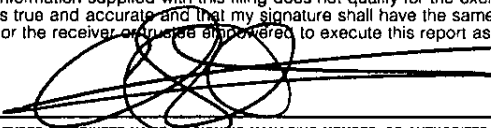


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000017313</b>		
1. Entity Name BLUE CARIBE AVIATION, LLC		
Principal Place of Business 701 WEST ADAMS ST SUITE 2 JACKSONVILLE, FL 32204	Mailing Address 701 WEST ADAMS ST SUITE 2 JACKSONVILLE, FL 32204	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ROBERTS, CHAD S 701 WEST ADAMS ST, SUITE 2 JACKSONVILLE, FL 32204		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, CHAD S 701 WEST ADAMS ST, SUITE 2 JACKSONVILLE, FL 32204	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AND NO OTHERS</b>	
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		
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 authorized to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		5/4/2007 904-354-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Dayside Phone #



05042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3751341	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000762833  
05/29/07-80026-010 50.00