## 2006 LIMITED LIABILITY COMPANY ... ANNUAL REPORT (AR)

## Apr 24, 2006 8:00 am Secretary of State DOSUMENT # L02000008993 1. Entity Name 04-24-2006 90063 019 \*\*\*\*50.00 SKYPLUS TECHNOLOGIES, LLC Principal Place of Business Mailing Address 1310 TRADEPORT DRIVE JACKSONVILLE FL 32218 1310 TRADEPORT DRIVE JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 03-0420950 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -MULVIHILL, PADRAIC E Street Address (P.O. Box Number is Not Acceptable) 1310 TRADEPORT DRIVE JACKSONVILLE'FL 32216 1310 TEADEPORT DRIVE JACKSONUIlle 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Delete THRE MGR-☐ Addition AEROSPACE INVESTMENTS, LLC 1310 TRADEPORT DRIVE TACKSONVINE FL 32218 NAME IOHNSON, JAMES R NAME STREET ADDRESS 1910 TRADEPORT DRIVE STREET ADDRESS City-St-zip CITY-ST-7IP JACKSONVILLE PL 32218 DILE TITLE ☐ Addition NAME SIMS, G. LARRY NAME STREET ADDRESS 1310 TRADEPORT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 Delete TITLE MER TITLE \_\_\_\_ Change \_\_\_ \_ Addition NAME PRUETT, JAMES HJR. NAME STREET ADDRESS STREET ADDRESS 1310 TRADEPORT DRIVE CITY-ST-ZIP CITY-ST-ZIP J<del>ACKSONVILLE FL 32218</del> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.