2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010508

1. Entity Name
COMMERCE AVIATION, LLC



FILED Feb 12, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1330 LEATHERMAN LANE ROBINSONVILLE, MS 38664

1330 LEATHERMAN LANE ROBINSONVILLE, MS 38664

US



DO NOT WRITE IN THIS SPACE

02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR. 3073 HORSESHOE DRIVE SOUTH SUITE 210 NAPLES, FL 34104

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The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or both, in the State of Flo	ida. I am familiar with, and accept
the obligations of registered agent.		

SIGNATURE.

Signature, typad or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000825570 02/21/08-80016-001 138.75

9.	MANAGING MEMBERS/MANAGERS
, TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RML PROPERTIES, INC. 1330 LEATHERMAN LANE, PO BOX 190 ROBINSONVILLE, MS 38664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE . NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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-end 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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RIGHATURE AND TYPED OR PRINTED NAME OF RIGHRING MANAGENC MEMBER OR AUTHORITED DEPOSESSIONATION

FEB. 8. 2008 662 363.234

Daytime Phone #