

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013065

Entity Name: LUCOR AVIATION, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

7463 FISHER ISLAND DRIVE
C/O ELYSE S. GAINOR
FISHER ISLAND, FL 33109

Current Mailing Address:

7463 FISHER ISLAND DRIVE
C/O ELYSE S. GAINOR
FISHER ISLAND, FL 33109

New Principal Place of Business:

5800 NORTH BAY ROAD
C/O ELYSE S. GAINOR
MIAMI, FL 33140

New Mailing Address:

5800 NORTH BAY ROAD
C/O ELYSE S. GAINOR
MIAMI, FL 33140

FEI Number: 58-2507891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCURDY, JEFFREY R
5111 OCEAN BLVD
SUITE F
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAINOR, ELYSE
Address: 7463 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: MGR () Delete
Name: MCCURRY, JEFFREY Z
Address: 5111 OCEAN BLVD., SUITE F
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAINOR, ELYSE
Address: 5800 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELYSE GAINOR

MGRM

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date