

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003985

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** GAINESVILLE EXECUTIVE AVIATION, LLC

**Current Principal Place of Business:**

3880 NE 39TH AVENUE  
SUITE-A  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

15001 NW 42ND AVENUE  
MIAMI, FL 33054

**Current Mailing Address:**

15001 NW 42ND AVENUE  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL E. JACOBS, P.A.  
15001 NW 42ND AVENUE  
SUITE 121  
MIAMI, FL 33054 US

**Name and Address of New Registered Agent:**

VASQUEZ, FABIO A  
15001 NW 42ND AVENUE  
MIAMI, FL 33054 US

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: FABIO A. VASQUEZ

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VASQUEZ, FABIO A  
Address: 15001 NW 42ND AVENUE  
City-St-Zip: MIAMI, FL 33054

Title: CFO ( ) Delete  
Name: GOMEZ, HUGO  
Address: 15001 NW 42ND AVENUE  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES:**

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

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: HUGO GOMEZ

CFO

04/28/2008

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