


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024234	
1. Entity Name SARASOTA HELICOPTERS, LLC	

Principal Place of Business 8191 N. TAMiami TRAIL, SUITE 111 SARASOTA, FL 34243	Mailing Address 8191 N. TAMiami TRAIL, SUITE 111 SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0084513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOPER, WILLIAM
8191 N. TAMiami TRAIL, SUITE 111
SARASOTA, FL 34243

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, WILLIAM L 8191 N. TAMiami TRAIL, SUITE 111 SARASOTA, FL 34243
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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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  1/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #