

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034596

Entity Name: CENTRAL FLORIDA AERO, LLC

FILED
Jan 21, 2007
Secretary of State

Current Principal Place of Business:

942 PARRISH DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2394
MINNEOLA, FL 347552394

New Mailing Address:

FEI Number: 55-0846356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, PIERRETTE M
942 PARRISH DRIVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

COX, PIERRETTE M
942 PARRISH DRIVE
MINNEOLA, FL 34715 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:

01/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONTAGUE, CHARLES A
Address: 34938 LEARN ROAD
City-St-Zip: LEESBURG, FL 34788

Title: MGRM () Delete
Name: EVANS, THOMAS J
Address: 6262 LIGHTNER DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: COX, HOWARD R
Address: 942 PARRISH DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: COX, HOWARD R
Address: 942 PARRISH DRIVE
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD COX

MGRM

01/21/2007

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