2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# L03000037464

Entity Name: AMERIJET CENTRAL AMERICA, LLC

Current Principal Place of Business:

2800 S. ANDREWS AVE.
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

2800 S. ANDREWS AVE.
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2800 S. ANDREWS AVE
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

2800 S. ANDREWS AVE.
FORT LAUDERDALE, FL 33316

FEI Number: 16-1685877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: BASSETT, DAVID
Address: 2800 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: MGR ( ) Delete
Name: NASH, JOHN
Address: 2800 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BASSETT, DAVID
Address: 2800 S. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR (X) Change ( ) Addition
Name: NASH, JOHN
Address: 2800 S. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

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: MANDELINE HENDRICKS POA 04/17/2008

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