2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Mar 24, 2005 08:00 AM **DOCUMENT # L03000043986 Secretary of State** JOPA36 AERO, LLC Principal Place of Business Mailing Address 8461 GLENFINNAN CIR. 8461 GLENFINNAN CIR. FORT MYERS, FL 33912-4019 FORT MYERS, FL 33912-4019 CR2E083 (10/03) 01052005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GENTLEMAN, JOHN F DO NOT WRITE 8461 GLENFINNAN CIR. FORT MYERS, FL 33912-4019 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. (NOTE, Recistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 9, MANAGING MEMBERS/MANAGERS TITLE MGR GENTLEMAN, JOHN F MANAGER NAME STREET ADDRESS 8461 GLENFINNAN CIRCLE FT, MYERS, FL 339124019 CITY-ST-ZIP Un0000274222 TITLE 03/24/05-80003-001 50100 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CMY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

FILED