

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003089

Entity Name: PILOT SERVICES, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1234 AIRPORT ROAD  
SUITE 215  
DESTIN, FL 32541 US

## Current Mailing Address:

1234 AIRPORT ROAD  
SUITE 215  
DESTIN, FL 32541 US

## New Principal Place of Business:

4300 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 US

## New Mailing Address:

4300 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 US

FEI Number: 20-4701677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSON, KARL R JR.  
1234 AIRPORT ROAD  
SUITE 215  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

OLSON, RICHARD  
4300 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 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: RICHARD OLSON

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: OLSON & ASSOCIATES O, F NW FLORIDA, I NC.  
Address: 1234 AIRPORT ROAD, SUITE 215  
City-St-Zip: DESTIN, FL 32541 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: OLSON & ASSOCIATES O, F NW FLORIDA, I NC.  
Address: 4300 LEGENDARY DRIVE  
City-St-Zip: DESTIN, FL 32541 US

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: RICHARD OLSON

RA

04/24/2006

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