2008 LIMITED LIABILITY COMPANY

FILED Apr 09, 2008 8:00 am Secretary of State 04-09-2008 90123 018 ***138.75

ANNUAL REPORT	
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DOCUMENT # L04000030455 SNOWSNAKE AVIATION, L.L.C. 60021047 Principal Place of Business Mailing Address 8494 NAVARRE PARKWAY 8494 NAVARRE PARKWAY NAVARRE, FL 32566 NAVARRE, FL 32566 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. 04022008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 55-0864077 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PULLUM, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 8494 NAVARRE PARKWAY NAVARRE, FL 32566 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete Change TITLE MGRM Addition PULLUM, WILLIAM A NAME NAME 111 PULLUM, WILLIAM A. STREET ADDRESS 25 W. CEDAR STREET, SUITE 304 STREET ADDRESS 8494 Navarre Parkway CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32502 Navarre, FL 32566 TITLE Delete TITLE ☐ Change ☐ Addition BOROWSKI, T.A. JR. NAME NAME 25 W. CEDAR STREET, SUITE 304 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32502 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete ☐ Change : Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete - 🖪 Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 repeture or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM TO LUCIONIA MANAGER, OR AUTHORIZED REPRESENTATIVE William A. Pullum, MGRM

4/7/08

850/939-2363

Date

Daytime Phone #