2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000050417

1. Entity Name
KEALOHA AVIATION LLC

Principal Place of Business	Mailing Address
2251 BLOUNT ROAD POMPANO BEACH, FL 33069	2251 BLOUNT ROAD POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-1334068	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REINSTEIN, JOEL ESQ.
925 S. FEDERAL HIGHWAY, SUITE 325
BOCA RATON, FL 33432

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	THE REID FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	4375 SANCTUARY LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/14/07-80054-003 50.00

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11. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   2.5.07   954·977·4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #