2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064799

Entity Name: AIR PARTNERS, LLC

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 NILSON WAY 1321 APOPKA AIRPORT ROAD ORLANDO, FL 32803 US

HANGAR 161

APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

PO BOX 550 201 NILSON WAY

ORLANDO, FL 32803 US PLYMOUTH, FL 32768 US

FEI Number: 16-1707264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENLEY, ROY L HENLEY, ROY L 255 DEER ISLE DRIVE 255 DEER ISLE DRIVE

WINTER GARDEN, FL 34787 US ORLANDO, FL 34787 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: ROY L. HENLEY 03/01/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

HENLEY, ROY L HENLEY, ROY L Name: Name:

Address: 201 NILSON WAY Address: 1321 APOPKA AIRPORT ROAD HANGAR 161 City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: APOPKA, FL 32712 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: HENLEY, SUSAN E Name: HENLEY, SUSAN E

1321 APOPKA AIRPORT ROAD HANGAR 161 Address: 201 NILSON WAY Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: APOPKA, FL 32712 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: ROY L. HENLEY **MGRM** 03/01/2007