2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L04000064799

Entity Name: AIR PARTNERS, LLC

Current Principal Place of Business:

1321 APOPKA AIRPORT ROAD
HANGAR 161
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 550
PLYMOUTH, FL 32768 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HENLEY, ROY L
255 DEER ISLE DRIVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HENLEY, ROY L
Address: 255 DEER ISLE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM ( ) Delete
Name: HENLEY, SUSAN E
Address: 255 DEER ISLE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGMR ( ) Delete
Name: ROBERTSON, KEVIN I
Address: 17639 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MGMR 03/23/2009

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