
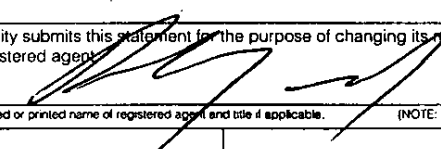
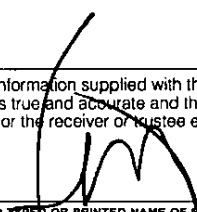


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90029 010 ***138.75

DOCUMENT # L04000068010 1. Entity Name PREMIER NAPLES AVIATION, LLC					
Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 36-2495903 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 41001 TAMiami TRAIL NORTH, SUITE 250 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Robert C. Zundel, Jr. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North Suite 250 City Naples FL Zip Code 34103	
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 				Robert C. Zundel, Jr. 4/30/2008 <small>(NOTE: Registered Agent signature required when reappointing)</small> DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUTGERT, SCOTT F 4200 GULF SHORE BLVD N NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				Scott F. Lutgert 4/30/2008 (239) 261-6100 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	

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