2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080527

Entity Name: CESSNA 6633B, LLC

FILED Feb 26, 2009 Secretary of State

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

555 N BYRON BUTLER PKWY PERRY, FL 32347

Current Mailing Address: New Mailing Address:

555 N BYRON BUTLER PKWY 1414 COUNTY HIGHWAY 283 SOUTH, STE. B PERRY, FL 32347 SANTA ROSA BEACH, FL 32459

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

KEELER, SCOTT SHIPMAN, GARY A

555 N BÝRON BUTLER PKWY 1414 COUNTY HIGHWAY 283 SOUTH, STE. B SANTA ROSA BEACH, FL 32459 PERRY, FL 32347

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: GARY A. SHIPMAN 02/26/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

SHUGAR, JOEL Name: Name: SHUGAR, DAN Address: PO BOX 69 Address: 150 TEHAMA CT.

City-St-Zip: PERRY, FL 32348 US City-St-Zip: SANBRUNO, CA 94066 US

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

Name: SCHRETZMANN, WILLIAM Name: SHIPMAN, GARY A Address: RT. 3 BOX 276 Address: 1414 COUNTY HIGHWAY 283 SOUTH, STE, B

City-St-Zip: LAKE BUTLER, FL 32054 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: GARY A. SHIPMAN 02/26/2009