

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088843

Entity Name: DEXTER AVIATION, L.L.C.

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

2067 A.C. POLK DR.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

2067 A.C. POLK DR.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-1925570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEXTER, LINCOLN A
3386 N. KEY DR., UNIT A-4
N. FORT MEYERS, FL 33903 US

Name and Address of New Registered Agent:

TRUDEAU, JAMES W
443 RIO VISTA AVE
PUNTA GORDA, FL 33982 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: JAMES W TRUDEAU

07/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEXTER, LINCOLN A
Address: 3386 N. KEY DR., UNIT A-4
City-St-Zip: N. FORT MEYERS, FL 33903

Title: MGRM (X) Delete
Name: TRUDEAU, JAMES W
Address: 3406 BRIANT ST.
City-St-Zip: NORT PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRUDEAU, JAMES W
Address: 443 RIO VISTA AVE
City-St-Zip: PUNTA GORDA, FL 33982

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: JAMES W. TRUDEAU

MGRM

07/12/2007

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