


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000092452 1. Entity Name COASTAL AVIATION GROUP, LLC |  |
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| Principal Place of Business 299 W 23RD PLACE PANAMA CITY, FL 32405 US | Mailing Address 299 W 23RD PLACE PANAMA CITY, FL 32405 US |
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02272007No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-2769197 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446 |
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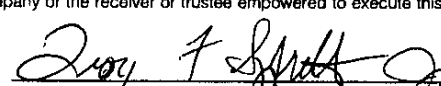
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

**Filing Fee is \$50.00
Due by May 1, 2007**

| B. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SYFRETT, TROY F JR. 299 W 23RD PLACE PANAMA CITY, FL 32405 |
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| <p>U000000682550 04/05/07-80007-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> | 3/28/07 <small>Date</small> | (850) 763-3921 <small>Daytime Phone #</small> |