

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011578

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** PATHFINDER AIRCRAFT MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

15770 SHAMROCK DRIVE  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

19501 ARMEDA ROAD  
ALVA, FL 33920 US

**Current Mailing Address:**

15770 SHAMROCK DRIVE  
FORT MYERS, FL 33912 US

**New Mailing Address:**

19501 ARMEDA ROAD  
ALVA, FL 33920 US

FEI Number: 20-2289390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEINERS, LOUIS M JR.  
2640 GOLDEN GATE PKWY  
SUITE 205  
NAPLES, FL 34105 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 (X) Delete  
Name: KELLY, PATRICK  
Address: 15770 SHAMROCK DRIVE.  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM ( ) Delete  
Name: ARMEDA, LATT  
Address: 19501 ARMEDA ROAD  
City-St-Zip: ALVA, FL 33920 US

**ADDITIONS/CHANGES:**

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: LATT ARMEDA

MGR

04/26/2007

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