


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT-# L05000022444<br>1. Entity Name<br>FOLSOM AIRPLANE COMPANY, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>433 S. ORLANDO AVENUE<br>MAITLAND, FL 32751 | Mailing Address<br>433 S. ORLANDO AVENUE<br>MAITLAND, FL 32751 |
|--|--|



07012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-2518585                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>FOLSOM, LAMAR<br>433 S. ORLANDO AVENUE<br>MAITLAND, FL 32751 |
|---|

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FOLSOM, LAMAR<br>433 S. ORLANDO AVENUE<br>MAITLAND, FL 32751 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MATTHEWS, JAMES<br>433 S. ORLANDO AVE<br>MAITLAND, FL 32751  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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07/06/07-80004-007 50.00

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-2-07

Date

4475391110

Daytime Phone #

JULIAN LAMAR FOLSOM, JR. PRESIDENT