

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025872

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: PAPA ROMEO, LLC

## Current Principal Place of Business:

32801 HIGHWAY 441 NORTH  
268  
OKEECHOBEE, FL 34972

## New Principal Place of Business:

## Current Mailing Address:

32801 HIGHWAY 441 NORTH  
268  
OKEECHOBEE, FL 34972

## New Mailing Address:

FEI Number: 20-2424072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAGON, JOE R  
32801 HWY 441 NORTH  
268  
OKEECHOBEE, FL 34972 US

## Name and Address of New Registered Agent:

RAGON, JOE  
32801 HWY 441 NORTH  
268  
OKEECHOBEE, FL 34972 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: JOE RAGON

04/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TLC AVIATION SERVICE, S, INC.  
Address: 1417 MICHIGAN DRIVE  
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM ( ) Delete  
Name: POTTER, KENNETH  
Address: 32801 HWY 441 NORTH 268  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR ( ) Delete  
Name: RAGON, JOE  
Address: 32801 HWY 441 NORTH 268  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR ( ) Delete  
Name: RAGON, JOE  
Address: 32801 HWY 441 NORTH 268  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR ( ) Delete  
Name: RAGON, JOE  
Address: 32801 HWY 441 NORTH 268  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MR ( ) Delete  
Name: RAGON, JOE  
Address: 32801 HWY 441 NORTH 268  
City-St-Zip: OKEECHOBEE, FL 34972

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOE RAGON

MGRM

04/29/2007

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