

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

06 AUG -3 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*

DOCUMENT # L05000028450

1. Entity Name  
HIGH COUNTRY AVIATION, LLC



Principal Place of Business  
1000 SOUTHERN BOULEVARD, SUITE 300  
WEST PALM BEACH, FL 33405

Mailing Address  
1000 SOUTHERN BOULEVARD, SUITE 300  
WEST PALM BEACH, FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERVICE**  
JONES FOSTER SERVICES LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME DOSCHER, CHRISTOPHER ☒ Delete  
STREET ADDRESS 15935 HILLER STREET  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE MGRM ☐ Change ☒ Addition  
NAME Transportation Financial Services, Inc.  
STREET ADDRESS 1000 Southern Blvd., Ste 300  
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Co-Mgr ☐ Change ☒ Addition  
NAME Angela Mastrantuono  
STREET ADDRESS 638 Manatee Bay Drive  
CITY-ST-ZIP Boynton Beach, FL 33435

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Co-Mgr ☐ Change ☒ Addition  
NAME Juana E. Gonzalez  
STREET ADDRESS 2468 Florida Mango Rd  
CITY-ST-ZIP West Palm Beach, FL 33406

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 000078465200  
STREET ADDRESS 08/08/06--01022--010 \*\*55.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #