
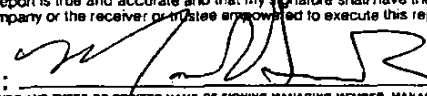


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-30-2007 90079 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

| | | | |
|--|---|---|---|
| DOCUMENT # L05000061866 | |  | |
| 1. Entity Name SOUTHERN CROSS AVIATION, LLC | | | |
| Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852 | | Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SMOAK, MASON G 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMOAK, MASON G 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | | Date: 4/27/07 843-465-2561 | |
| SIGNATURE: Mason G. Smoak | | Date: _____ De/State Phone # _____ | |