

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063854

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** ENTERPRISE AVIATION PARTNERS, LLC

**Current Principal Place of Business:**

305 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

2211 LEE RD.  
SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

305 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

2211 LEE RD  
SUITE 100  
WINTER PARK, FL 32789

**FEI Number:** 20-3070590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDING, ROBERT L ESQ.  
20 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

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

FOREMAN, STEPHEN F  
2211 LEE RD.  
SUITE 100  
WINTER PARK, FL 32789 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: STEPHEN F. FOREMAN

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FOREMAN, STEPHEN F  
Address: 305 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FOREMAN, STEPHEN F  
Address: 2211 LEE RD., SUITE 100  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN F. FOREMAN

MR.

04/28/2006

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