


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90266 007 \*\*\*138.75

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|--|--|--|--|
| <b>DOCUMENT # L05000073921</b><br>1. Entity Name<br><b>CONWAY AIR SERVICES, LLC</b>  |  |   |  |
| Principal Place of Business<br>540 MANDALAY RD.<br>ORLANDO, FL 32809 US  |  | Mailing Address<br>540 MANDALAY RD.<br>ORLANDO, FL 32809 US  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>365 Taft-Vineland Rd.</b><br>Suite, Apt. #, etc.<br><b>Suite 105</b><br>City & State<br><b>Orlando, FL</b><br>Zip<br><b>32824</b> Country<br><b>USA</b>   |  | 3. Mailing Address<br><b>365 Taft-Vineland Rd.</b><br>Suite, Apt. #, etc.<br><b>Suite 105</b><br>City & State<br><b>Orlando, FL</b><br>Zip<br><b>32824</b> Country<br><b>USA</b> |  |
| 4. FEI Number<br><b>20-3325953</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  | 03202008 Chg-LLC CR2E083 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DRUMMOND, DAN G</b><br><b>540 MANDALAY RD.</b><br><b>ORLANDO, FL 32809</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE _____  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to:<br>Florida Department of State  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DRUMMOND, DAN G<br>540 MANDALAY RD.<br>ORLANDO, FL 32809                  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MADDISON, PETER<br>4908 OAK ISLAND ROAD<br>ORLANDO, FL 32809              | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>RUSSELL, JOHN B<br>365 TAFT VINELAND ROAD, SUITE 105<br>ORLANDO, FL 32824 | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Chalifoux, Debbie R.<br>6105 Lake Dierke Dr.<br>St. Cloud, FL 34771       | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Chalifoux, Debbie R.<br>6105 Lake Dierke Dr.<br>St. Cloud, FL 34771       | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Chalifoux, Debbie R.<br>6105 Lake Dierke Dr.<br>St. Cloud, FL 34771       | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>Debbie R. Chalifoux</u>  |  | Date: <u>3/27/08</u> Daytime Phone #: <u>407-908-5732</u>  |  |