2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED **DOCUMENT # L05000081096** 2007 APR \$5 AM 10: 36 MILE HIGH AVIATION PARTNERS, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address SUITE 1B AQUA COMPLEX SUITE 1B AQUA COMPLEX 29 OLD KINGS ROAD N. 29 OLD KINGS ROAD N. PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-LLC CR2E083 (12/06) Applied For City & State 4 FEI Number City & State 20-3733670 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _{Name} Paul M. Guntharp, Jr. GUNTHARP, PAUL M JR. Street Address (P.O. Box Number is Not Acceptable) 4 Old Kiings Rd., N. 185 CYPRESS POINT PKWY., STE. 6 PALM COAST, FL 32164 Suite B Palm Coast 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 ed agent. Paul M. Guntharo, Jr. SIGNATURE Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE TITLE Change Delete SCHATZ, EDWARD E JR. NAME NAME **600101704906** 05/07/07--01022--018 **50.00 STREET ADDRESS 29 OLD KINGS ROAD N., SUITE 1B STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP ☐ Change ☐ Delete TITLE □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 608, Florida Statutes. Edward E. Schatz, Jr.

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE