2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089136

1. Entity Name
JK AVIATION TLH, LLC



FILED Jan 29, 2008 08:00 Al Secretary of State

Principal Place of Business

1801 N. MERIDIAN ROAD TALLAHASSEE, FL 32303 Mailing Address

1801 N. MERIDIAN ROAD TALLAHASSEE, FL 32303



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3722905 Applied For Not Applicable

5, Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FREGLY, JOAN 1801 N. MERIDIAN ROAD TALLAHASSEE, FL 32303

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IN TH	115 ;	DPA	CE

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 aignature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY+ST+7IP	PRES FREGLY, JOAN 1801 N. MERIDIAN ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREGLY, TERRANCE H JR 1801 N MERIDIAN ROAD TALLAHASSEE, FL 32303
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
	certify that the information supplied with this filling does not qualify for the e

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 exhausted to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/21/08

850-386-5184

Date

Daytime Phone #