

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116649

FILED  
May 03, 2006  
Secretary of State

Entity Name: FLIGHTPATH LEASING, LLC

**Current Principal Place of Business:**

1020 E. LAFAYETTE STREET  
SUITE 204  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1020 E. LAFAYETTE STREET  
SUITE 204  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 20-3890443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BROOKS, CHRISTOPHER B  
1020 E. LAFAYETTE STREET  
SUITE 204  
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROOKS, CHRISTOPHER B  
Address: 1020 E. LAFAYETTE STREET SUITE 204  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Delete  
Name: DILLINGER, SCOTT  
Address: 1809 QUINCE DR  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRIS BROOKS

MGR

05/03/2006

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