2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000016840

Entity Name: CAPITAL AIR CHARTERS, LLC

Current Principal Place of Business:

2901 W. BUSCH BLVD.
SUITE 701
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2901 W. BUSCH BLVD.
SUITE 701
TAMPA, FL 33618

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, DARREN M
2901 W. BUSCH BLVD.
SUITE 701
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

NEWKIRK, MARK E
2901 W. BUSCH BLVD.
SUITE 701
TAMPA, FL 33618 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: MARK E NEWKIRK 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRG ( ) Delete
Name: BROCK, DARREN M
Address: 2901 W. BUSCH BLVD., SUITE 701
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete
Name: NEWKIRK, MARK E
Address: 2901 W. BUSCH BLVD. SUITE 701
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MRG (X) Change ( ) Addition
Name: NEWKIRK, MARK E
Address: 2901 W. BUSCH BLVD., SUITE 701
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change ( ) Addition
Name: NEWKIRK, MARK E
Address: 2901 W. BUSCH BLVD. SUITE 701
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: MARK E NEWKIRK MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date