2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024011						FILED					
1. Entity Name E & A AVIATION, LLC						07 FEB 16 PM 1: 43					
					07 FEB 10 Bill						
Principal Place	e of Busines	·	Mailing Address			SECRETARY OF STATE TALLATIASSEE, FLORIDA					
P.O. BOX 667			P.O. BOX 667				TALLAHA	(35% - 1	1,014-		
EATON PARK	, FL 33840) US	EATON PARK, FL 338	EATON PARK, FL 33840 US							
2 Principal P	lace of Busin	oces - No P.O. Boy #	3 Mailing Address	3. Mailing Address							
2. Principal Place of Business - No P.O. Box #			5. Walling Address				7]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E08	33 (12/06)	01	
City & State			City & State			4. FEI Numb	oer		Apr	plied For	
			Zip Country			ļ				Applicable	
Zip	Country		Zip Coun		oury	5. Certificate of Status Desired Solution Status Desired Fee Required					
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R	egistered A	gent		
AHLGREN, EDMUN L								·	·		
2424 LASS LAKELANI		RO1		Street A			ess (P.O. Box Number is Not Acceptable)				
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					City	FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	iliaa Eoo	is \$50.00			Mak	e check pa	avable to				
		y 1, 2007					1	-	ent of State	•	
9. MANAGING MEMBE			ERS/MANAGERS	•		ADDITIONS,	/CHANGES				
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NAME STREET ADDRESS	DORESS				AE EET ADDRESS						
CITY-ST-ZIP			·		Y-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 cath; 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.											
limited lia	ability compa	iny or the receiver or trust	ee empowered to execute thi	is report a	s required by Chap	oter 608, Florida	a Statutes.				
SIGNATURE											
SIGNATURE:											