

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90192 017 \*\*\*\*50.00

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| <b>DOCUMENT # L06000024594</b>  |  |   |  |  |   |
| <b>1. Entity Name</b><br>TAMPA AVIATION ASSOCIATES, LLC   |  |   |  |  |   |
| <b>Principal Place of Business</b><br>2301 NW 33RD COURT<br>#111<br>POMPANO BEACH, FL 33069 US  |  |   | <b>Mailing Address</b><br>2301 NW 33RD COURT<br>#111<br>POMPANO BEACH, FL 33069 US |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b><br>4 W DANIA BEACH BLVD                 |  |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |   |
| City & State  |  | City & State<br>DANIA BEACH FL                                    |  | <b>4. FEI Number</b><br>20-4455446   |   |
| Zip   |  | Zip<br>33004  |  | Country<br>USA   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>CROSS, KARL<br>8004 NW 154TH STREET, SUITE #383<br>MIAMI LAKES, FL 33016  |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name: KC CROSS<br>Street Address (P.O. Box Number is Not Acceptable): 4 W DANIA BEACH BLVD<br>City: DANIA BEACH FL Zip Code: 33004 |   |
| <b>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.</b>  |  |   |  |  |   |
| SIGNATURE:  |  |   |  |  |   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>                       |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CROSS, KARL<br>8004 NW 154TH STREET, SUITE #383<br>MIAMI LAKES, FL 33016 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CROSS, KC<br>4 W DANIA BEACH BLVD<br>DANIA, FL 33004      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>LEVY, YUVAL<br>2301 NW 33RD COURT, SUITE #111<br>POMPANO BEACH, FL 33069 | <input checked="" type="checkbox"/> Delete                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b> |  |   |  |  |   |
| <b>SIGNATURE:</b>   |  |   |  | Date: 4/26/07 954 367-4563   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   |  |  |   |