2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000033119

Entity Name: FLORIDA AIR PARTNERS LLC

Current Principal Place of Business:

220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

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:

DICKS, JACK W
220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: HENLEY, ROY L
Address: 201 NILSON WAY
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM (X) Delete
Name: TRAVACON AIR SREVICE, S, LLC
Address: 220 E. CENTRAL PKWY; SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TRAVACON AIR SREVICE, S, LLC
Address: 220 E. CENTRAL PKWY; SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

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: JAMES DICKS CEO 04/30/2007

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