

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033150

FILED
Apr 29, 2008
Secretary of State

Entity Name: EAGLE AIRCRAFT GROUP, LLC.

Current Principal Place of Business:

3240 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32310

New Principal Place of Business:

416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 2535
TALLAHASSEE, FL 323162535

New Mailing Address:

FEI Number: 20-4625199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOSEPH P
215 SOUTH MONROE STREET
SUITE 400
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEONI, STEVEN M
416 NORTH ADAMS STREET
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: STEVEN LEONI

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONI, JONATHAN D
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGRM () Delete
Name: ROSEN, PETERS S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGRM (X) Delete
Name: LEONI, STEVEN M
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGR (X) Delete
Name: BURNETTE, JOHN T
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGR (X) Delete
Name: LEDSON, RICH
Address: 3240 CAPITAL CIRCLE S.W.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM (X) Change () Addition
Name: BURNETTE, JOHN T
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

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

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 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: STEVEN LEONI

MGRM

04/29/2008

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