

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Apr 23, 2007 8:00 am
Secretary of State

02-16-2007 90180 036 ****50.00

DOCUMENT # L06000034046 1. Entity Name ADRIANNA AIRLINES INTERNATIONAL, LLC					
Principal Place of Business 5642 ENTERPRISE PARKWAY SUITE C FORT MYERS, FL 33905			Mailing Address 5642 ENTERPRISE PARKWAY SUITE C FORT MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box # 5807 Staysail Ct. Suite, Apt. #, etc.		3. Mailing Address 5807 Staysail Ct. Suite, Apt. #, etc.			
City & State Cape Coral FL Zip 33914		City & State Cape Coral, FL Zip 33914		4. FEI Number 51-0629344	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEACH, CHRISTOPHER N 5642 ENTERPRISE PARKWAY FORT MYERS, FL 33905				7. Name and Address of New Registered Agent Name Leeber, Anthony J Jr. Street Address (P.O. Box Number is Not Acceptable) 5807 Staysail Ct. City Cape Coral FL Zip Code 33914	
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 <u><i>Anthony J. Leeber, Jr.</i></u> Anthony J. Leeber, Jr. MGRM 2/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEGER, ANTHONY J JR 5642 ENTERPRISE PARKWAY FORT MYERS, FL 33905 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5807 Staysail Ct. Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEACH, CHRISTOPHER N 5642 ENTERPRISE PARKWAY FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Anthony J. Leeber, Jr.</i></u> Anthony J. Leeber, Jr. 2/13/07 239-542-6234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

30005381



02132007 Chg-LLC CR2E083 (12/06)

☒ Applied For
☐ Not Applicable

☐ \$5.00 Additional Fee Required

FL 33914

2/13/07

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition