

**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      Mailing Address  
**5642 ENTERPRISE PARKWAY**      **5642 ENTERPRISE PARKWAY**  
**SUITE C**      **SUITE C**  
**FORT MYERS, FL 33905**      **FORT MYERS, FL 33905**

**30005381**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5807 Staysail Ct.**      **5807 Staysail Ct.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02132007    Chg-LLC    CR2E083 (12/06)

City & State      FL      City & State      FL  
**Cape Coral**      **FL**      **Cape Coral**      **FL**  
 Zip      Country      Zip      Country  
**33914**      **USA**      **33914**      **USA**

4. FEI Number       Applied For  
**51-0629344**       Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BEACH, CHRISTOPHER N**  
**5642 ENTERPRISE PARKWAY**  
**FORT MYERS, FL 33905**

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      *Anthony J. Leeber, Jr.*      **Anthony J. Leeber, Jr. MGRM**      **2/13/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)      DATE

**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	<b>MGRM</b> <b>LEEBER, ANTHONY J JR</b> <b>5642 ENTERPRISE PARKWAY</b> <b>FORT MYERS, FL 33905</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5807 Staysail Ct.</b> <b>Cape Coral, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BEACH, CHRISTOPHER N</b> <b>5642 ENTERPRISE PARKWAY</b> <b>FORT MYERS, FL 33905</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:      *Anthony J. Leeber, Jr.*      **Anthony J. Leeber, Jr.**      **2/13/07**      **239-542-6234**  
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #