



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-14-2007 90220 004 ****50.00
L06000038114

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DOCUMENT # L06000038114 1. Entity Name NEW SPIRIT AVIATION, LLC					
Principal Place of Business 322 SOUTHWEST COLUMBIA AVENUE LAKE CITY FL 32025		Mailing Address P.O. BOX 3691 LAKE CITY FL 32056			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2574315	
6. Name and Address of Current Registered Agent WEIFFENBACH, DON DAVID 322 SOUTHWEST COLUMBIA AVENUE LAKE CITY FL 32025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MANAGER	NAME DON DAVID WEIFFENBACH		TITLE Change Addition		
STREET ADDRESS 322 SW COLUMBIA AVE	CITY, ST, ZIP LAKE CITY, FL 32025		STREET ADDRESS CITY, ST, ZIP		
CITY, ST, ZIP Delete	CITY, ST, ZIP Delete		CITY, ST, ZIP Change Addition		
CITY, ST, ZIP Delete	CITY, ST, ZIP Delete		CITY, ST, ZIP Change Addition		
CITY, ST, ZIP Delete	CITY, ST, ZIP Delete		CITY, ST, ZIP Change Addition		
CITY, ST, ZIP Delete	CITY, ST, ZIP Delete		CITY, ST, ZIP Change Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DON DAVID WEIFFENBACH 2.4.07 386-623-1276					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE City Phone #					

FILED
07 MAR 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA