2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM **DOCUMENT # L06000038114 Secretary of State** 1. Entity Name NEW SPIRIT AVIATION, LLC Principal Place of Business Mailing Address 322 SOUTHWEST COLUMBIA AVENUE P.O. BOX 3691 LAKE CITY, FL 32056 LAKE CITY, FL 32025 01032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2574315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEIFFENBACH, DON DAVID DO NOT WRITE 322 SOUTHWEST COLUMBIA AVENUE LAKE CITY, FL 32025 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000782255 01/15/08-80066-017 138.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR WEIFFENBACH, DON DAVID NAME STREET ADDRESS 322 SOUTHWEST COLUMBIA AVENUE CITY-ST-7IP LAKE CITY, FL 32025 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. -8-08

GING MEMBER, OR ALITHORIZED REPRESENTATIVE

Date

Daytime Phone #

WEIFFENBACH

SIGNATURE: