

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045235

Entity Name: UP-CHUCK AVIATION LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3N865 SADDLEBROOK DR
ST CHARLES, IL 60175

New Principal Place of Business:

1729 SUZI STREET
PUNTA GORDA, FL 33950 US

Current Mailing Address:

3N865 SADDLEBROOK DR
ST CHARLES, IL 60175

New Mailing Address:

1729 SUZI STREET
PUNTA GORDA, FL 33950 US

FEI Number: 20-4819041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE. 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GERLACH, CHARLES
Address: 3N865 SADDLEBROOK DR
City-St-Zip: ST CHARLES, IL 60175

Title: MGRM () Delete
Name: GERLACH, KATHLEEN
Address: 3N865 SADDLEBROOK DR
City-St-Zip: ST CHARLES, IL 60175

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GERLACH, CHARLES
Address: 1729 SUZI STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM (X) Change () Addition
Name: GERLACH, KATHLEEN
Address: 1729 SUZI STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

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: CHARLES A GERLACH

MGRM

04/27/2009

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