# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 06, 2008 8:00 am**
**Secretary of State**
01-30-2008 90096 022 ***143.75

DOCUMENT # L06000047152

1. Entity Name
C.R.P. AVIATION, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1623 LADY BOWERS TRAIL<br>LAKELAND, FL 33809 US | 1623 LADY BOWERS TRAIL<br>LAKELAND, FL 33809 US |

**DO NOT WRITE IN THIS SPACE**

01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PACATTE, CHARLES P III
1623 LADY BOWERS TRAIL
LAKELAND FL, FL 33809

**DO NOT WRITE 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 _____ 1.24.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | PACATTE, CHARLES P III |
| STREET ADDRESS | 1623 LADY BOWERS TRAIL |
| CITY-ST-ZIP | LAKELAND, FL 33809 |
| TITLE | MGRM |
| NAME | PACATTE, REBECCA A |
| STREET ADDRESS | 1623 LADY BOWERS TRAIL |
| CITY-ST-ZIP | LAKELAND, FL 33809 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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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:** _____ Charles Pacatte 1.24.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #