

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90435 013 ****55.00

DOCUMENT # L06000064114 1. Entity Name PEGASUS AERO LLC																																																																											
Principal Place of Business 1228 SW 26TH STREET CAPE CORAL, FL 33914 US			Mailing Address 1228 SW 26TH STREET CAPE CORAL, FL 33914 US																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																									
City & State		City & State																																																																									
Zip	Country	Zip	Country																																																																								
4. FEI Number 20-5147476				Applied For Not Applicable																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																							
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 renewing) _____ DATE _____																																																																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																									
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM PEPPERS, GARY L</td> <td>1228 SW 26TH STREET</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td></td> <td>MGRM PEPPERS, CAROL J</td> <td>1228 SW 26TH STREET</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM PEPPERS, GARY L	1228 SW 26TH STREET	CAPE CORAL, FL 33914			MGRM PEPPERS, CAROL J	1228 SW 26TH STREET	CAPE CORAL, FL 33914																						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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: <u>GARY L. PEPPERS</u> GARY L. PEPPERS <u>3/26/2007</u> <u>(239) 242-0806</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																											