2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000070667 FILED 1. Entity Name Jul 11, 2008 08:00 AM FLYING SEAS AVIATION, LLC Secretary of State Principal Place of Business Mailing Address 2543 ROCKFILL ROAD 2543 ROCKFILL ROAD FT. MYERS, FL 33916 FT. MYERS, FL 33916 CR2E083 (12/07) 07072008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5879451 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J DO NOT WRITE C/O PAVESE LAW FIRM **1833 HENDRY STREET** IN THIS SPACE FT. MYERS, FL 33901 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. TITLE CALLANS, TOM NAME STREET ADDRESS 2543 ROCKFILL ROAD CITY-ST-ZIP FT. MYERS, FL 33916 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 NAME STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2*39-337-130*0