

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073419

Entity Name: BLACKFIN AVIATION LLC

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

17624 COBBLESTONE LN
CLERMONT, FL 34711

New Principal Place of Business:

1515 INTERNATIONAL PARKWAY
SUITE 1001
LAKE MARY, FL 32746

Current Mailing Address:

17624 COBBLESTONE LN
CLERMONT, FL 34711

New Mailing Address:

1515 INTERNATIONAL PARKWAY
SUITE 1001
LAKE MARY, FL 32746

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAYER, JAMES A
2699 LEE RD STE 511
WINTER PARK, FL 32789 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: MGR () Delete
Name: SHAYER HOLDINGS LLC,
Address: 2699 LEE RD STE 511
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: WOLFE, ROBERT W
Address: 1515 INTERNATIONAL PARKWAY STE. 1001
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: DIEL, WALTER
Address: 3525 CRYSTAL LAKE AVE.
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. WOLFE

MGRM

02/20/2007

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