



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90029 028 \*\*\*\*50.00

**30005391**

1st MOORE CR2E083 (10/06)

<b>DOCUMENT # L06000090179</b> 1. Entity Name <b>INDIAN RIVER AVIATION, LLC</b>					
Principal Place of Business <b>1355 37TH STREET, SUITE 301 VERO BEACH FL 32960</b>			Mailing Address <b>1355 37TH STREET, SUITE 301 VERO BEACH FL 32960</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3548147</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH FL 32963</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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 registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager Johnny C. Benjamin, MD 1355 37th St, Suite 301 Vero Beach, FL 32960</b> <input type="checkbox"/> Delete		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 Section 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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>3-27-07 772-978-7808</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					