

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095020

Entity Name: MTP AVIATION PARTNERS, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 20-8028118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBA, RUSSELL T
101 SOUTH FRANKLIN STREET
SUITE 202
TAMPA, FL 33602 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: MARTIN, ROBERT
Address: 6529 SOUTHERN BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGR () Delete
Name: TAPP, ZAC
Address: 6529 SOUTHERN BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: MGR () Delete
Name: PECKHAM, GEOFFREY
Address: 6529 SOUTHERN BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33413 US

ADDITIONS/CHANGES:

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

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

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

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: GEOFFREY PECKHAM

MGR

04/11/2007

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