

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90226 019 ***143.75

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1. Entity Name
MTP AVIATION PARTNERS, LLC



Principal Place of Business
6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413 US

Mailing Address
6529 SOUTHERN BOULEVARD
WEST PALM BEACH, FL 33413 US

60020132



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8028118

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBA, RUSSELL T
101 SOUTH FRANKLIN STREET
SUITE 202
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MARTIN, ROBERT
STREET ADDRESS 6529 SOUTHERN BOULEVARD
CITY - ST - ZIP WEST PALM BEACH, FL 33413

TITLE MGR
NAME TAPP, ZAC
STREET ADDRESS 6529 SOUTHERN BOULEVARD
CITY - ST - ZIP WEST PALM BEACH, FL 33413

TITLE MGR
NAME PECKHAM, GEOFFREY
STREET ADDRESS 6529 SOUTHERN BOULEVARD
CITY - ST - ZIP WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1-08

Date

561-478-2711

Daytime Phone #