2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

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Entity Name: RECOVERY AVIATION, L.L.C.

Current Principal Place of Business:

15810 BOEING COURT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

15810 BOEING COURT
WELLINGTON, FL 33414

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCHORR, M. GARY
15810 BOEING COURT
WELLINGTON, FL 33414 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: MGRM ( ) Delete
Name: SCHORR, M. GARY
Address: 15810 BOEING COURT
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete
Name: CONKLIN, MARK
Address: 1897 PALM BEACH LAKES BLVD., #207
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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: GARY SCHORR MGRM 01/06/2007

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