


FILED
Jun 25, 2007 8:00 am
Secretary of State

04-30-2007 90077 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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4.

DOCUMENT # L06000101082			
1. Entity Name COTTON STRIP AIRPORT ASSOCIATION, L.L.C.			
Principal Place of Business 6118 STATE ROAD 80 WEST ALVA, FL 33920		Mailing Address 6118 STATE ROAD 80 WEST ALVA, FL 33920	
2. Principal Place of Business - No P.O. Box # <i>6118 State Rd 80W</i>		3. Mailing Address <i>6118 State Rd 80W</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Labelle FL		City & State Labelle FL	
4. FEI Number 90-0310284		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTLER GARETT FOWLER WHITE BOGGS BANKER P.A. 2201 SECOND STREET 5TH FL FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Michael Leo Shults Street Address (P.O. Box Number is Not Acceptable) <i>6118 State Rd 80W</i> City Labelle FL Zip Code 33935	
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 <i>[Signature]</i> President DATE 4-26-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. <i>MANAGING</i> ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>Managing member Michael Leo Shults 6118 SR 80W Labelle FL 33935</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i> Managing member DATE 4-26-07 DAYTIME PHONE # 8856121388 <small>Signature typed or printed name of signing managing member, manager, or authorized representative</small>			

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