2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L06000103244

Entity Name: NIGHT FLIGHT TRAINING, LLC

Current Principal Place of Business:

233 SW CHAPMAN AVE.
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

6968 HERITAGE DRIVE
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

233 SW CHAPMAN AVE.
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

6968 HERITAGE DRIVE
PORT ST. LUCIE, FL 34952 US

FEI Number: 20-5778494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIACHINO, FERNANDO
17 MARTIN LUTHER KING JR. BLVD.
SUITE 200
STUART, FL 34994 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: ALDOUS, ADAM
Address: 233 SW CHAPMAN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALDOUS, ADAM
Address: 6968 HERITAGE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify 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: ADAM ALDOUS MGR 04/10/2008

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