2007 LIMITED LIABILITY COMPANY

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT 04-23-2007 90368 043 ****50 00 DOCUMENT # L06000106290 1. Entity Name FLOYD AVIATION, LLC E0038pan Principal Place of Business Mailing Address 3257 BURNT PINE COVE 3257 BURNT PINE COVE DESTIN, FL 32550 DESTIN, FL 32550 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc 02222007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-5822961 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCNEESE, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY **SUITE 1201** DESTIN, FL 32541 City Zip Code FL 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 appacable (NOTE Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Belete ☐ Change ☐ Addition FLOYD, JOHN D NAME NAME 3257 BURNT PINE COVE STREET ADDRESS STREET ADDRESS DESTIN, FL 32550 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhange ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Oate Daytime Phone #