

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111519

Entity Name: DC-8 AIRCRAFT TWO, LLC

FILED
Feb 07, 2007
Secretary of State

Current Principal Place of Business:

7100 TPC DRIVE, SUITE 100
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7100 TPC DRIVE, SUITE 100
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 41-2219761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDER, GEORGE A ESQ.
7100 TPC DRIVE, SUITE 100
ORLANDO, FL 32822 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: FOX, PETER F
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: FOX, PETER F
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

Title: S () Change (X) Addition
Name: GEORGE, GOLDER A
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

Title: T () Change (X) Addition
Name: TODD, HUNTER A
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

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: GEORGE A. GOLDER

S

02/07/2007

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