

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112091

Entity Name: FOUR ACES AVIATION, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

% PEDRO J. ADRIAN
4000 PONCE DE LEON BLVD., SUITE 770
CORAL GABLES, FL 33134

Current Mailing Address:

% PEDRO J. ADRIAN
4000 PONCE DE LEON BLVD., SUITE 770
CORAL GABLES, FL 33134

New Principal Place of Business:

% PEDRO J. ADRIAN
4000 PONCE DE LEON BLVD., SUITE 770
CORAL GABLES, FL 33134 US

New Mailing Address:

% PEDRO J. ADRIAN
4000 PONCE DE LEON BLVD., SUITE 770
CORAL GABLES, FL 33134 US

FEI Number: 20-5909595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR.
SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BLVD., SUITE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ROJAS, ANA M
1985 NW 88TH COURT
STE.201
DORAL, FL 33172 US

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: ANA M. ROJAS

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ADRIAN, PEDRO J
Address: 4000 PONCE DE LEON BLVD. STE.770
City-St-Zip: CORAL GABLES, FL 33146 US

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: PEDRO J. ADRIAN

MGRM

04/24/2007

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