


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State


03-05-2008 90208 016 ***138.75

DOCUMENT # L06000115753	
1. Entity Name AVIATION MARKETING PARTNERS, LLC	

Principal Place of Business 7025 CR 46A STE. 1071 #354 LAKE MARY, FL 32746	Mailing Address PO BOX 953007 LAKE MARY, FL 32795-3007
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60012735

2. Principal Place of Business - No P.O. Box # 185 Waymont Ct.	3. Mailing Address Suite, Apt. #, etc. Ste 111
City & State Lake Mary, FL	City & State FL
Zip 32746	Country USA

	
02082008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-5977461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
JONES, REBECCA A 1021 HOBSON ST. LONGWOOD, FL 32750	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, REBECCA A 1021 HOBSON ST. LONGWOOD, FL 32750 <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	MGRM MELNIK, DAVID S 3307 LAKEVIEW OAKS DR LONGWOOD, FL 32779 <input checked="" 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
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

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>Rebecca Jones</i> Rebecca Jones	2-26-08	407-687-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #