

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 003 ***143.75

DOCUMENT # L07000009408

1. Entity Name
BANDITO AVIATION, L.L.C.



Principal Place of Business
**21 CYPRESS POINT DRIVE
NAPLES, FL 34105**

Mailing Address
**21 CYPRESS POINT DRIVE
NAPLES, FL 34105**

60001324



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-8337088

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOLSKI, JOHN R
21 CYPRESS POINT DRIVE
NAPLES, FL 34105**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	JOHN R. WOLSKI	
STREET ADDRESS	21 CYPRESS POINT DRIVE	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	ALEXANDER J. WOLSKI	
STREET ADDRESS	21 CYPRESS POINT DRIVE	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	MARA J. WOLSKI	
STREET ADDRESS	21 CYPRESS POINT DRIVE	
CITY - ST - ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

John R. Wolski **JOHN R. WOLSKI**

Date

Daytime Phone #

1/9/08

(239) 254-2069