

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90062 029 \*\*\*138.75

**DOCUMENT # L07000025708**

1. Entity Name  
**JMR AVIATION, LLC**



Principal Place of Business  
**4015 B REID STREET  
PALATKA, FL 32177**

Mailing Address  
**4015 B REID STREET  
PALATKA, FL 32177**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**01-0888695**

Approved For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SPEAS, CARON  
613 ST. JOHNS AVENUE SUITE 203  
PALATKA, FL 32177**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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 fee paid

Signature typed or printed name of registered agent and fee paid

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**MGRM  
BAKER, RALPH  
PO BOX 312  
LAKE GENEVA, FL 32160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**MGRM  
PERRY, MARVIN  
161 KINGFISH AVENUE  
PALATKA, FL 32177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**MGRM  
NORRIS, JOSEPH  
2904 TWIG STREET  
PALATKA, FL 32177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: Joe Norris 04/26/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**60031023**

