

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038691

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: CAP ROCK AVIATION, LLC

**Current Principal Place of Business:**

2011 HARBOUR WATCH CIRCLE  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

2011 HARBOUR WATCH CIRCLE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: MORROW, MYRON  
Address: 3604 55TH STREET  
City-St-Zip: LUBBOCK, TX 79413 US

Title: MGRM ( ) Delete  
Name: MORROW, DAVID  
Address: 2011 HARBOUR WATCH CIRCLE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORROW, MYRON  
Address: 3200 SANDAGE AVE.  
City-St-Zip: FT. WORTH, TX 76108 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MORROW

MGRM

03/27/2008

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