

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048055

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: AERONAUTICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

23 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

2800 N.W. 20TH TRAIL  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

23 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

2800 N.W. 20TH TRAIL  
OKEECHOBEE, FL 34972

FEI Number: 26-0280407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEUSCHLE, BRIAN C ESQ  
2455 EAST SUNRISE BOULEVARD, SUITE 201  
FORT LAUDERDALE, FL 33304 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: LAMBERT, ROBERT L  
Address: 23 ISLA BAHIA DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAMBERT, ROBERT F  
Address: 2800 N.W. 20TH TRAIL  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR ( ) Change (X) Addition  
Name: LAMBERT, ROBERT L  
Address: 23 ISLA BAHIA DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: ROBERT F. LAMBERT

MGRM

04/01/2008

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