

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050771

FILED
May 01, 2009
Secretary of State

Entity Name: TROPICAL HELICOPTER LLC

Current Principal Place of Business:

32746 ECHO DRIVE
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

32746 ECHO DRIVE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 51-0637824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CALLOW, ADAM S
3820 LIBERTY HILL DRIVE
CLERMONT, FL 34711 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: CALLOW, ADAM S
Address: 3820 LIBERTY HILL DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: CALLOW, JESSICA K
Address: 3820 LIBERTY HILL DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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: ADAM CALLOW

MGMR

05/01/2009

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