


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90067 034 \*\*\*138.75

<b>DOCUMENT # L07000056092</b> 1. Entity Name <b>FOREMOST AVIATION ADVOCATES, LLC</b>					
Principal Place of Business <b>475 BACARDI DRIVE</b> <b>MERRITT ISLAND, FL 32953 US</b>			Mailing Address <b>475 BACARDI DRIVE</b> <b>MERRITT ISLAND, FL 32953 US</b>		
2. Principal Place of Business - No P.O. Box # <b>475 Bacardi Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>475 Bacardi Drive</b> Suite, Apt. #, etc.			
City & State <b>Merritt Island, Florida</b>		City & State <b>Merritt Island, Florida</b>		4. FEI Number <b>26-0402921</b>	
Zip <b>32953</b>	Country <b>Beward</b>	Zip <b>32953</b>	Country <b>Beward</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION AGENTS, INC.</b> <b>13302 WINDING OAKS BLVD</b> <b>SUITE A-100</b> <b>TAMPA, FL 33612-3425</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUNNINGHAM, ROBERT L 475 BACARDI DRIVE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUNNINGHAM, EUDELL W 475 BACARDI DRIVE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: Robert Lee Cunningham</b>				Date <b>01/21/2008</b> Daytime Phone # <b>321 459-0973</b>	