

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080877

Entity Name: 757 AIRCRAFT ONE, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

7100 TPC DRIVE
SUITE 100
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

7100 TPC DRIVE
SUITE 100
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 77-0695065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDER, GEORGE A
7100 TPC DRIVE
SUITE 100
ORLANDO, FL 32822 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: MGR () Delete
Name: FOX, PETER F
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822 US

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

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

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: FOX, PETER F
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822 US

Title: S () Change (X) Addition
Name: GOLDER, GEORGE A ESQ
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

Title: T () Change (X) Addition
Name: HUNTER, TODD A
Address: 7100 TPC DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32822

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: GEORGE A. GOLDER

S

01/22/2008

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