

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113004

FILED
Mar 21, 2009
Secretary of State

Entity Name: MALONE AIR HOLDING, LLC

Current Principal Place of Business:

855 SAINT JOHNS BLUFF RD. N.
HANGAR 21
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

855 SAINT JOHNS BLUFF RD. N.
HANGAR 21
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-1377377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUDWIG & ASSOCIATES, P.A.
5150 BELFORT RD. N.
#500
JACKSONVILLE, FL 32256 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: MALONE, MELINDA
Address: 855 SAINT JOHNS BLUFF RD. N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: MALONE, SCOTT A
Address: 855 ST. JOHNS BLUFF ROAD NORTH, #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: MALONE, HAYDEN A
Address: 855 ST. JOHNS BLUFF ROAD NORTH, #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: MALONE, IRENE A
Address: 855 ST. JOHNS BLUFF ROAD NORTH, #21
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

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

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

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: IRENE A. MALONE

MGR

03/21/2009

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