

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126328

Entity Name: AIREPOWER AVIATION, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

327 CEDAR AVE NORTH  
SUITE #1  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

327 SOUTH CEDAR AVE  
SUITE #1  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

216 YACHT CLUB DRIVE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

FEI Number: 26-1987774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROBINSON, CHARLES M SR.  
216 YACHT CLUB DRIVE  
NICEVILLE, FL 32578 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  
Name: ROBINSON, CHARLES M SR.  
Address: 216 YACHT CLUB DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM  
Name: ROBINSON, STEPHANIE A  
Address: 216 YACHT CLUB DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM  
Name: ROBINSON, CHARLES M JR.  
Address: 216 YACHT CLUB DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM  
Name: ROBINSON, MICHAEL S  
Address: PSC 1 BOX 2967  
City-St-Zip: APO, AE 09009 US

I hereby 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: CHARLES M. ROBINSON, SR

MGR

03/31/2010

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