

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031847

FILED
Apr 22, 2009
Secretary of State

Entity Name: PREMIER AVIATION SOUTH AMERICA, LLC

Current Principal Place of Business:

4121 CENTERLINE LANE
SANFORD, FL 32773

New Principal Place of Business:

4140 CENTERLINE LANE
SANFORD, FL 32773

Current Mailing Address:

4121 CENTERLINE LANE
SANFORD, FL 32773

New Mailing Address:

P.O. BOX #740031
ORANGE CITY, FL 32774 US

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

Name and Address of Current Registered Agent:

SWAIN, DONALD
4121 CENTERLINE LANE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

SWAIN, DONALD
4140 CENTERLINE LANE
SANFORD, FL 32773 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWAIN, DONALD
Address: 4121 CENTERLINE LANE
City-St-Zip: SANFORD, FL 32773

Title: MGRM () Delete
Name: QUINTANA, FERNANDO
Address: 4121 CENTERLINE LANE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWAIN, DONALD
Address: 112 ROSA BELLA VIEW
City-St-Zip: DEBARY, FL 32713

Title: MGRM (X) Change () Addition
Name: QUINTANA, FERNANDO
Address: 1055 EDENS GATE CT.
City-St-Zip: LONGWOOD, FL 32750

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: DONALD E. SWAIN

MBRM

04/22/2009

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