

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053644

FILED
Jun 26, 2009
Secretary of State

Entity Name: GATE AVIATION, LLC

Current Principal Place of Business:

9540 SAN JOSE BLVD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P O BOX 23637
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HIEB, E. ALLEN JR
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LUEDERS, JACK C JR
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Change (X) Addition
Name: MCCORMACK, JAMES E
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Change (X) Addition
Name: GWALTNEY, JOSEPH F JR
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

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: JAMES E MCCORMACK

MGR

06/26/2009

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