

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071592

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MICRO AERIAL PROJECTS, L.L.C.

**Current Principal Place of Business:**

1625 NW 89TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

4509 NW 23RD AVENUE  
9  
GAINESVILLE, FL 32606

**Current Mailing Address:**

1625 NW 89TH TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 26-3046578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLKMANN, WALTER E  
1625 NW 89TH TERRACE  
GAINESVILLE, FL 32606 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: MR.  
Name: VOLKMANN, WALTER E MR.  
Address: 1625 NW 89TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

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: WALTER E. VOLKMANN

MR.

01/04/2011

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