

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100272

FILED
Jan 19, 2009
Secretary of State

Entity Name: ADVERTISING AIR FORCE II, LLC

Current Principal Place of Business:

2639 DR. MLK JR. STREET NORTH
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2639 DR. MLK JR. STREET NORTH
SAINT PETERSBURG, FL 33704

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROBBINS EQUITAS, P.A.
2639 DR. MLK JR. STREET NORTH
SAINT PETERSBURG, FL 33704 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: MGRM () Delete
Name: MULLER, JAMES
Address: 2639 DR. MLK JR. STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: MGR () Delete
Name: MCCLURE, ROY
Address: 3960 25TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: MGR () Delete
Name: ROBBINS, CHRISTOPHER
Address: 2639 DR. MLK JR. STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

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:

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 MULLER

MGRM

01/19/2009

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