2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002315

1. Entity Name

COAST TO COAST HELICOPTER, L.L.C.



FILED Mar 16, 2007 08:00 AN Secretary of State

Principal Place of Business

2401 SOUTH LAFLIN ST. CHICAGO, IL 60608

Mailing Address

2401 SOUTH LAFUN ST. CHICAGO, IL 60608



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4466694	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VIHLEN & SILLS, P.A. 1173 SPRING CENTRE SOUTH BLVD., STE. C ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

712174101	VIZ 07 (MNOS, 1 Z 02114	IN T	HIS SPACE
8. The above the obligation	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both	n, In the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARD, FRANK M 2401 SOUTH LAFLIN ST. CHICAGO, IL 60608		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	U00000669256 03/27/07-80064-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T NI	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP			
TITLE NAME STREET ADDRESS CITY-ST-7IP			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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:	Jeft Godfrey
SIGNATURE AND TYPED OR PRINCED NA	NE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1407

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Daysime Phone #