

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000536

Entity Name: JET LINER LLC

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

6140 MID METRO DRIVE
UNIT #8
FORT MYERS, FL 33912

New Principal Place of Business:

5796 ENTERPRISE PKWY
FORT MYERS, FL 33905

Current Mailing Address:

P.O. BOX 13446
ALBANY, NY 12212

New Mailing Address:

FEI Number: 22-3857593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECHANTAL, JUSTIN
6140 MID METRO DRIVE
STE 8
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DECHANTAL, JUSTIN
5796 ENTERPRISE PKWY
FT MYERS, FL 33905 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:

04/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DECHANTEL, JUSTIN
Address: 34 SE 13TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR () Delete
Name: BISHOP, ERIC
Address: 34 SE 13TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: MGR () Delete
Name: CURRY, MICHAEL
Address: 34 SE 13TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

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: JUSTIN DECHANTAL

MGR

04/11/2008

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