2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-24-2005 90105 009 ****50.00 **DOCUMENT # M04000001019** 1. Entity Name LINKS AERO, LLC 20015592 Principal Place of Business Mailing Address 1271 N. ELGIN PKWY 1271 N. ELGIN PKWY SHALIMAR, FL 32579 SHALIMAR, FL 32579 02102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0774355 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR DO NOT WRITE 200 AVIATION DRIVE, SUITE 2 NAPLES, FL 34101 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS TITLE MGRM CHOCTAW MANAGEMENT SERVICES, LLC NAME STREET ADDRESS 1271 N. ELGIN PKWY CiTY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2-22-05

FILED

Feb 24, 2005 8:00 am Secretary of State