2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005520

1. Entity Name
NEW WORLD AVIATION PARTNERS LLC

Principal Place of Business	Mailing Address
3800 N 29TH AVENUE HOLLYWOOD, FL 33020	3800 N 29TH AVENUE HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02192007   Chg-LLC   CR2E083 (12/06)

4. FEI Number	
20-2005171	Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _____

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, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES		
TITLE	MGR	TITLE		☐ Change	☐ Addition
NAME	STATE CONTRACTING & ENGINEERING CORP.	NAME			
STREET ADDRESS	3800 N 29TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020 ☐ Delete	CITY-ST-ZIP			
TITLE		TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			
TITLE		TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			
TITLE		TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			
TITLE		TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			
TITLE		TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing 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: _____   2-19-07   954-923-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #