


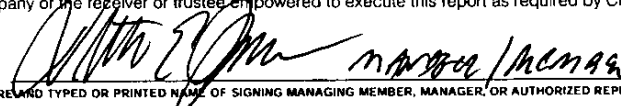


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90121 012 ****50.00

| | | | | | |
|--|--|---|--|---|---|
| DOCUMENT # M05000000776 1. Entity Name SLOW FLIGHT AERO MARINE LEASING, LLC | | | |  | |
| Principal Place of Business 1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724 | | | Mailing Address 1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 06082007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-2231628 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent YOCUM, MICHAEL D 448 N. PINE MEADOW DRIVE DELAND, FL 32724 | |
| 7. Name and Address of New Registered Agent Name VIC JOHNSON Street Address (P.O. Box Number is Not Acceptable) 1200 FLIGHTLINE BLVD, STE 5 City DELAND FL Zip Code 32724 | | | | 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:  DATE: 6-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR YOCUM, MICHAEL D 1200 FLIGHTLINE BLVD., SUITE 10 DELAND, FL 32724 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER MEMBER VIC JOHNSON 1200 FLIGHTLINE BLVD, STE 5 DELAND, FL 32724 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS 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:  | | | | Date: 6-11-07 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |