

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 008 ***143.75

DOCUMENT # M06000002064																	
1. Entity Name COMMERCIAL AVIATION ASSET MANAGEMENT SERVICES, LLC																	
Principal Place of Business 1100 LEE WAGNER BLVD. #327 FT. LAUDERDALE, FL 33315			Mailing Address 1100 LEE WAGNER BLVD. #327 FT. LAUDERDALE, FL 33315														
2. Principal Place of Business - No P.O. Box # 449 Los Altos Road		3. Mailing Address 40 Reynolds Drive															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State Palm Springs, FL		City & State Canton, NC		4. FEI Number 41-2200261													
Zip 33461		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required													
6. Name and Address of Current Registered Agent MASH, EVERETTE C 1100 LEE WAGNER BLVD. #327 FT. LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">449 Los Altos Road</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Palm Springs</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33461</td> </tr> </table>				Name		Street Address (P.O. Box Number is Not Acceptable)		449 Los Altos Road		City	Palm Springs	State	FL	Zip Code	33461
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES														
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	CLYNE, MICHAEL		NAME	CLYNE, MICHAEL													
STREET ADDRESS	554 HUNTER LANE		STREET ADDRESS	449 LOS ALTOS ROAD,													
CITY - ST - ZIP	DAVIE, FL 33330		CITY - ST - ZIP	PALM SPRINGS, FL 33461													
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	WANG, AI CHONG		NAME	WANG, AI CHONG													
STREET ADDRESS	554 HUNTER LANE		STREET ADDRESS	40 REYNOLDS DRIVE													
CITY - ST - ZIP	DAVIE, FL 33330		CITY - ST - ZIP	CANTON, NC 28716													
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition													
NAME			NAME														
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NAME			NAME														
STREET ADDRESS			STREET ADDRESS														
CITY - ST - ZIP			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: <u>Michael Clyne</u>			07/01/08														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date														
			Daytime Phone #														

50007941



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