

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006190

FILED
Apr 29, 2008
Secretary of State

Entity Name: AIRCRAFT MANAGEMENT VENTURE, LLC

Current Principal Place of Business:

2100 ELECTRONICS LANE
FT MYERS, FL 33912

New Principal Place of Business:

13500 POWERS COURT
FT MYERS, FL 33912

Current Mailing Address:

2100 ELECTRONICS LANE
FT MYERS, FL 33912

New Mailing Address:

13500 POWERS COURT
FT MYERS, FL 33912

FEI Number: 20-1061829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER, JAMES A
2100 ELECTRONICS LANE
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DWYER, JAMES A
13500 POWERS COURT
FT MYERS, FL 33912 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DWYER, JAMES A
Address: 2100 ELECTRONICS LANE
City-St-Zip: FT MYERS, FL 33912

Title: MGR () Delete
Name: DWYER, NANCY
Address: 2100 ELECTRONICS LANE
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DWYER, JAMES A
Address: 13500 POWERS COURT
City-St-Zip: FT MYERS, FL 33912

Title: MGR (X) Change () Addition
Name: DWYER, NANCY
Address: 13500 POWERS COURT
City-St-Zip: FT MYERS, FL 33912

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: JAMES A DWYER

MGR

04/29/2008

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