

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004698

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** AEROEQUITY PARTNERS, LLC

**Current Principal Place of Business:**

THREE SKIDAWAY VILLAGE SQUARE  
SAVANNAH, GA 31411

**New Principal Place of Business:**

15 LAKE STREET  
SUITE 235  
SAVANNAH, GA 31411

**Current Mailing Address:**

THREE SKIDAWAY VILLAGE SQUARE  
SAVANNAH, GA 31411

**New Mailing Address:**

15 LAKE STREET  
SUITE 235  
SAVANNAH, GA 31411

**FEI Number:** 26-1416031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROWE, DAVID H.  
Address: THREE SKIDAWAY VILLAGE SQUARE  
City-St-Zip: SAVANNAH, GA 31411

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROWE, DAVID H.  
Address: 15 LAKE STREET, SUITE 235  
City-St-Zip: SAVANNAH, GA 31411

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:** DAVID H ROWE

MGR

03/30/2009

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