2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001006

AVION AIRCRAFT SALES, L.L.C.



05-06-2005 90030 020 ****50.00

May 06, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2841 FLIGHTLINE AVENUE SANFORD, FL 32773

Mailing Address

2841 FLIGHTLINE AVENUE SANFORD, FL 32773



04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3751644

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR ESQ GREENSPOON, MARDER, ET AL

DO NOT WRITE

	O, FL 32801	IN THIS SPACE
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. 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. 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. 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. The purpose of changing its registered agent signature required when reinstating)		
Filing Fee Is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	FLY BY THE SEAT, L.L.C.	
STREET ADDRESS	2100 COUNTRY CLUB RD.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	MGR	
NAME	GRAY, N. DWAYNE JR 201E. PINE ST., #500	
STREET ADDRESS	100 17 021375100210	
CITY-ST-ZIP	ORLANDO, FL 32801	_
1ITLE		
NAME	•	
STREET ADDRESS		DO NOT WRITE
CITY - ST - ZIP		J DO NOT WHITE
TITLE	•	IN THE COACE

IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 Nability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRESENTATIVE

Daytime Phone #