

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90418 018 ****50.00

DOCUMENT # L00000012956

1. Entity Name
AVION CORPORATE MANAGEMENT, LLC



Principal Place of Business
**300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION, FL 33324**

Mailing Address
**300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION, FL 33324**

24044533



01162004 No Chg-LLC CR2E083 (10/03)
65-1053373

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, STEVEN
300 SOUTH PINE ISLAND ROAD, SUITE 110
PLANTATION, FL 33324**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, STEVEN 300 S. PINE ISLAND RD., SUITE 110 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAND, MARK 300 S. PINE ISLAND RD., SUITE 110 PLANTATION, FL 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Steven Fischer

Date

2/24/04

Daytime Phone #

954 370 0300