


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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
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01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1053373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

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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 03/28/05-80064-006 50.00

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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:  DATE: 3/8/05 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE