L00000015353

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015353

1. Entity Name

AVION AIR ACADEMY, L.L.C.

FILED

02 APR 29 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business
2841 Flightline Avenue
Suite, Apt. #, etc.
City & State: Sanford, Florida
Zip: 32773 Country: USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State: Same
Zip: Same Country: Same

4. FEI Number: 286-44-3810 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: N. Dwayne Gray, Jr.
Street Address (P.O. Box Number is Not Acceptable): Greenspoon, Marder, et. al.
135 W. Central Blvd., Suite 1100
City: Orlando FL Zip Code: 32801

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

300005369913--5

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Fly By The Seat, L.L.C.
STREET ADDRESS	2100 Country Club Road
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	MGR
NAME	N. Dwayne Gray, Jr.
STREET ADDRESS	135 W. Central Blvd., Suite 1100
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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BK

CR2E083B (12/01)

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] MANAGER 4/24/02 (407) 425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L00000015353

CSC

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION :

COST LIMIT : $ 55.00

Patricia Pizzuto

ORDER DATE : April 29, 2002

ORDER TIME : 11:51 AM

ORDER NO. : 553444-130

CUSTOMER NO: 5011958

CUSTOMER: Anne Winsor, Legal Assistant
Greenspoon Marder Hirschfeld
135 West Central Blvd Ste 1100
South Trust Bank Building
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AVION AIR ACADEMY, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

BK

EXAMINER'S INITIALS: _____

RECEIVED
02 APR 29 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA