2005 LIMITED LIABILITY COMPANY

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D OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TO

Jul 05, 2005 8:00 am **ANNUAL REPORT** Secrétary of State **DOCUMENT # L00000015353** 07-05-2005 90003 045 ****50.00 1. Entity Name AVION AIR ACADEMY, L.L.C. Principal Place of Business Mailing Address CONTROPA 2841 FLIGHTLINE AVENUE 2841 FLIGHTLINE AVENUE SANFORD, FL 33773 SANFORD, FL 33773 2. Principal Place of Business 3. Mailing Address 2841 Flightline Ave 2841 Flightline Ave Suite, Apt. #, etd Suite, Apt. #, etc. 06302005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Sanford antor 59-3720855 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, N. DWAYNE JR ESQ Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, ET AL 135 W. CENTRAL BLVD., STE. 1100 iabeline ORLANDO, FL 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. I am familiar the obligations of registered agent. SIGNATURE Signature, typed o (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE Delete TITLE Change Change ☐ Addition FLY BY THE SEAT, L.L.C. NAME NAME 2100 COUNTRY CLUB ROAD STREET ADDRESS STREET ADDRESS SANFORD, FL 32771 CITY - ST - 7(P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GRAY, N. DWAYNE JR NAME NAME 135 W CENTRAL BLVD SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change Addition SCHLATER, JOHN NAME NAME STREET ADDRESS 615 COPELAND MILL RD STREET ADDRESS CITY-ST-7IP WESTERVILLE, OH 43081 CITY-ST-ZIP TITLE ☐ Delete TITLE mgrm ☐ Change Addition James A. Wotkins 2841 Flightline Ave Sanford F132773 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP MGRM ☐ Delete TITLE ☐ Addition ☐ Change Paul Watkins NAME NAME 2841 Flightline Ave. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition C. Watkins NAME James NAME STREET ADDRESS 2841 Flight line Ave. Sanford, Fl 32723 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

6(30/05

Daytime Phone #