

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015353

Entity Name: AVION AIR ACADEMY, L.L.C.

FILED  
Sep 01, 2009  
Secretary of State

**Current Principal Place of Business:**

2841 FLIGHTLINE AVENUE  
SANFORD, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

2841 FLIGHTLINE AVENUE  
SANFORD, FL 33773

**New Mailing Address:**

FEI Number: 59-3720855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WATKINS, JAMES A  
2841 FLIGHTLINE AVE  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WATKINS, JAMES A  
Address: 2841 FLIGHTLINE AVE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM ( ) Delete  
Name: WATKINS, PAUL  
Address: 2841 FLIGHTLINE AVE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM ( ) Delete  
Name: WATKINS, JAMES C  
Address: 2841 FLIGHTLINE AVE  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES@SOUTHERNJETCENTER.COM

PRES

09/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date