


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90003 039 ****50.00

DOCUMENT # L01000016286 1. Entity Name AVION JET CENTER, L.L.C.					
Principal Place of Business 2841 FLIGHTLINE AVE. SANFORD, FL 32773			Mailing Address 2841 FLIGHTLINE AVE. SANFORD, FL 32773		
2. Principal Place of Business 2841 Flightline Ave Suite, Apt. #, etc.		3. Mailing Address 2841 Flightline Ave Suite, Apt. #, etc.			
City & State Sanford, FL Zip 32773		City & State Sanford, FL Zip 32773		4. FEI Number 59-3751652	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR. C/O GREENSPOON, MARDER, ET AL 135 W. CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name James A. Watkins Street Address (P.O. Box Number is Not Acceptable) 2841 Flightline Ave. City Sanford, FL Zip Code 32773		
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 <u><i>James A. Watkins</i></u> 6/30/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLATER, JOHN 615 COPELAND MILL ROAD WESTERVILLE, OH 43081	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N. DWAYNE JR. 135 W. CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James A. Watkins 2841 Flightline Ave. Sanford, FL 32773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paul Watkins 2841 Flightline Ave. Sanford, FL 32773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James C. Watkins 2841 Flightline Ave. Sanford, FL 32773	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 606, Florida Statutes.					
SIGNATURE: <u><i>James A. Watkins</i></u> 6/30/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					