

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 019 ****50.00

DOCUMENT # L01000018129

1. Entity Name
AVION AVIATION, L.L.C.



Principal Place of Business
**2841 FLIGHTLINE AVENUE
SANFORD, FL 32773**

Mailing Address
**2841 FLIGHTLINE AVENUE
SANFORD, FL 32773**



04222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3751648	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

**GRAY, N. DWAYNE JR ESQ.
GREENSPOON, MARDER, ET AL
~~125 WEST CENTRAL BLVD., STE 4400~~ **201 E. PINE ST., STE 500**
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
N. DWAYNE GRAY, JR.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLATER, JOHN 2100 COUNTRY CLUB ROAD SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, N. DWAYNE JR. 201 E. PINE ST., #500 125 W. CENTRAL BLVD., SUITE 4400 ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

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]
N. DWAYNE GRAY, JR.

4/25/05 407-425-6559
Date Daytime Phone #