2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000018129

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

Principal Place of Business	Mailing Address
2841 FLIGHTLINE AVENUE SANFORD, FL 32773	2841 FLIGHTLINE AVENUE SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

02072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3751648

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR ESQ.
GREENSPOON, MARDER, ET AL
201 E PINE ST #500
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000835637
02/29/08-80044-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHLATER, JOHN
STREET ADDRESS	2100 COUNTRY CLUB ROAD
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGR
NAME	GRAY, N. DWAYNE JR.
STREET ADDRESS	201 E PINE ST #500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: N. Dwayne Gray JR MGR. 2/21/08 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #