L01000019129

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019129

FILED
02 APR 29 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
AVION JET CHARTER, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2841 Flightline Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Florida	City & State: Same
Zip: 32773 · Country: USA	Zip: Same · Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 286-44-3810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired Ø — $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: N. Dwayne Gray, Jr.
Street Address (P.O. Box Number is Not Acceptable): Greenspoon, Marder, et. al.
135 W. Central Blvd., Suite 1100
City: Orlando FL Zip Code: 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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

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9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	John Schlater
STREET ADDRESS	615 Copeland Mill Road
CITY-ST-ZIP	Westerville, Ohio 43081
TITLE	MGR
NAME	N. Dwayne Gray, Jr.
STREET ADDRESS	135 W. Central Blvd., Suite 1100
CITY-ST-ZIP	Orlando, Florida 32801
TITLE	
NAME	
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CR2E083B (12/01)

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: N. Dwayne Gray [signature] MANAGER 4/26/02 (407) 425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 553444 5011958

AUTHORIZATION :

COST LIMIT : $ 55.00

Patricia Pizzuto

ORDER DATE : April 29, 2002

ORDER TIME : 11:39 AM

ORDER NO. : 553444-110

CUSTOMER NO: 5011958

CUSTOMER: Anne Winsor, Legal Assistant
Greenspoon Marder Hirschfeld
135 West Central Blvd Ste 1100
South Trust Bank Building
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: AVION JET CHARTER, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: BK

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02 APR 29 PM 12:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA