2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000022472

1. Entity Name
TITAN AVIATION, L.C.



Principal Place of Business

2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL Mailing Address

2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL



03092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0573815

Applied For Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARK B 2700 N. MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	PUI P 1- 470 00			
0,0,1,1,0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE
SIGNATL	IRF			
8. The at the ob	pove named entity submits this statement for the purpose of char ligations of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
		the control of the control of Mandelland Control of the		

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR LLOYD, DONALD S 1835 S. OCEAN BLVD. UNIT A DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		U00000882668 04/45/07-20007-128-50:00 T
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DØ NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions confained 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-27-07

561-686-6300

ate

Daylette Phone #