2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# L02000007078

Entity Name: PRO-FLITE AVIATION SALES, L.L.C.

Current Principal Place of Business:

1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 02-0588351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMANSKI, TOM
1055 KENSINGTON PARK DRIVE, #411
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	EMANSKI, TOM	
Address:	1055 KENSINGTON PARK DRIVE, #411	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	VIVONA, RUDY	
Address:	PO BOX 4958	
City-St-Zip:	WINTER PARK, FL 32793	
Title:	MGRM	( ) Delete
Name:	FRITZ, JERRY	
Address:	719 FOX VALLEY DRIVE	
City-St-Zip:	LONGWOOD, FL 32779	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOM EMANSKI MGR 01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date