2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:48

DOCUMENT # L03000000549

1. Entity Name
AVISO LEASING, L.L.C.

Principal Place of Business	Mailing Address
138 LIVE OAK AVE. DAYTONA BEACH, FL 32114	PO BOX 1726 FLAGLER BEACH, FL 32136

09052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		P. O. Box 1724	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State Flagler Beach, FL	
Zip	Country	Zip 32136	Country U.S.A.

4. FEI Number: 20-0333904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEARN, JAMES
138 LIVE OAK AVENUE
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name: JAMES J. KEARN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 138 Live Oak Avenue
City: Daytona Beach FL Zip Code: 32114-4912

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: James J. Kearn, P.A. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 9/1/06

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager John Milanick 2928 Oceanshore Blvd. N. Flagler Beach, FL 32136 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

09/07/06 90036048 $50.00

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: John Milanick, John Milanick, Manager (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date: 9/29/06 Daytime Phone #: (386) 569-6965