

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90116 006 ****50.00

DOCUMENT # L03000031811					
1. Entity Name PRECISION AVIONICS, LLC					
Principal Place of Business 3525 AIRPORT DRIVE SUITE 106 PANAMA CITY, FL 32405			Mailing Address 3525 AIRPORT DRIVE SUITE 106 PANAMA CITY, FL 32405		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent WEATHERSBY, D'AOUST, HARRIS & LYNN, P.A. 2232 WEST 24TH STREET PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 <i>George C. Meyer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-13-05 <small>(NOTE: Registered Agent signature required when renaming)</small>	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, GEORGE C JR. P. O. BOX 27942 PANAMA CITY, FL 32411 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PYLE, MARK 1904 ISABELLA AVENUE PANAMA CITY, FL 32405 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYS, MICHAEL 1720 CONNECTICUT AVENUE LYNN HAVEN, FL 32444 <div style="text-align: right;"><input type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCE, WILLIAM B 2308 SAN VINCENTE STREET PANAMA CITY BEACH, FL 32413 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORHAM, KEVIN 3706 W. HIGHWAY 390 PANAMA CITY, FL 32405 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
10. ADDITIONS/CHANGES					
<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>					
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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 <i>George C. Meyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 4/7/06 850 8721516 <small>Daytime Phone #</small>	