

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

6. Name and Address of Current Registered Agent

WEATHERSBY, D'AOUST, HARRIS & LYNN, P.A.  
2232 WEST 24TH STREET  
PANAMA CITY, FL 32405

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.

4-13-05

SIGNATURE

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

(NOTE: Registered Agent signature required when renaming)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

a. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, GEORGE C JR.		
STREET ADDRESS	P. O. BOX 27942		
CITY-ST-ZIP	PANAMA CITY, FL 32411		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLE, MARK		
STREET ADDRESS	1904 ISABELLA AVENUE		
CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE	MGRM	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, MICHAEL		
STREET ADDRESS	1720 CONNECTICUT AVENUE		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, WILLIAM B		
STREET ADDRESS	230B SAN VINCENTE STREET		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORHAM, KEVIN		
STREET ADDRESS	3706 W. HIGHWAY 390		
CITY-ST-ZIP	PANAMA CITY, FL 32405		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

George C Meyer

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

4/10/05 850 872 1516

Date Daytime Phone #