## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L04000014594

1. Entity Name B & E AVIATION, LLC

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

121 SOUTH MAIN STREET HERSCHER, IL 60941 US Mailing Address

121 SOUTH MAIN STREET HERSCHER, IL 60941 US

## FILED Jan 13, 2006 08:00 AM Secretary of State



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Numb	per
16-169	32951

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

JANOVYAK, DONALD T JR. 8730 THOMAS DRIVE STE 1110 E PANAMA CITY, FL 42308

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	named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or bo	h, in the State of Florida. I am lamiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006	(No. 1) regarded regarded to be a second of the second of	
9,	MANAGING MEMBERS/MANAGERS		A Company of the Comp
TITLE NAME SIREET ADDRESS CITY-SI-ZIP	MGRM LEISER FURNITURE, INC. 121 SOUTH MAIN HERSCHER, IL 60941		U000003863 <b>0</b> 1
TITLE NAME STREET ADDRESS CITY -ST - ZIP			01/18/06-80055-002 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eric Leiser Eric Leiser	1-9-06	815-426-6	100
signature and typed or printed name of signing managing member, or authorized representative	Cate	Daylime Phone #	