2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000019170

Principal Place of Business

SNA AVIATION II, LLC

Mailing Address

227 S. CALHOUN STREET TALLAHASSEE, FL 32301

PIERCE, ROBERT A

227 S. CALHOUN STREET

227 S. CALHOUN STREET TALLAHASSEE, FL 32301

FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90138 046 ****50.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0742065

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

850-425-5433

Daytime Phone #

DO NOT WRITE

TALLAHASSEE, FL 32301		IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
DILE	MGRM	
NAME STREET ADDRESS	AUSLEY, DUBOSE 227 S. CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	· · · · · · · · · · · · · · · · · · ·	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		

DuBose Ausley

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