

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021844

Entity Name: X50 AVIATION LLC

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

2612 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

2612 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 11-3714913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURT, DAVID
2612 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

BURT, DAVID L
2612 TURNBULL BAY ROAD
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: DAVID L. BURT

01/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURT, DAVID
Address: 2612 TURNBULL BAY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM () Delete
Name: STAUFFER, ARLEN
Address: 230 FAIRGREEN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Delete
Name: SCHILDECKER, CHARLES
Address: 2527 GLEN DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURT, DAVID L
Address: 2612 TURNBULL BAY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Change () Addition
Name: STAUFFER, ARLEN R
Address: 230 FAIRGREEN AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L. BURT

MGRM

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date