

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024375

**FILED**  
**Apr 23, 2006**  
**Secretary of State**

**Entity Name:** CARIBBEAN AVIONICS SUPPLY, LLC

**Current Principal Place of Business:**

18681 46TH COURT N.  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

18681 46TH COURT N.  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAVEN, TYSON S  
18681 46TH COURT N.  
LOXAHATCHEE, FL 33470      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      CRAVEN, TYSON S  
Address:                      18681 46TH COURT N.  
City-St-Zip:                      LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES:**

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: TYSON S. CRAVEN

MGR

04/23/2006

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