


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-23-2006 90140 014 \*\*\*\*50.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| DOCUMENT # L04000053324  |  |   |   |  |  |
| 1. Entity Name<br>P3 AVIATION L.L.C.   |  |   |   |   |  |
| Principal Place of Business<br>21515 BELHAVEN WAY<br>ESTERO, FL 33928  |  |   | Mailing Address<br>21515 BELHAVEN WAY<br>ESTERO, FL 33928   |   |  |
| 2. Principal Place of Business<br><i>21637 BELHAVEN WAY</i>  |  |   | 3. Mailing Address<br><i>21637 BELHAVEN WAY</i>   |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State<br><i>ESTERO FL</i>   |  |   | City & State<br><i>ESTERO FL</i>  |   |  |
| Zip<br><i>33928</i>  |  | Country<br><i>US</i>  |   | Zip<br><i>33928</i>   |  |
| Country<br><i>US</i>   |  | 4. FEI Number<br>05-0606410                                       |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br>RENAUD, DAVID<br>21515 BELHAVEN WAY<br>ESTERO, FL 33928   |  |   | 7. Name and Address of New Registered Agent<br><br>Name <i>DAVID RENAUD</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>21637 BELHAVEN WAY</i><br>City <i>ESTERO</i> FL Zip Code <i>33928</i> |   |  |
| 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 <i>[Signature]</i> <span style="float: right;">DATE <i>1/13/2006</i></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>RENAUD, DAVID<br>21515 BELHAVEN WAY<br>ESTERO, FL 33928 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <i>MGR<br/>DAVID RENAUD<br/>21637 BELHAVEN WAY<br/>ESTERO FL 33928</i> |
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
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|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 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. |  |   |   |   |  |
| SIGNATURE: <i>[Signature]</i>  |  |   |   | Date <i>1/13/2006</i> Daytime Phone # <i>239-269-2344</i>                         |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |   |   |  |

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