

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070879

FILED
Jan 06, 2006
Secretary of State

Entity Name: SOUTHPOINT AVIATION, LLC

Current Principal Place of Business:

C/O DAN STOUT
2769 NW 34TH STREET
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

C/O DAN STOUT
2769 NW 34TH STREET
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 20-1679010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOUT, DAN
2769 NW 34TH STREET
BOCA RATON, FL 33434 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: MGRM () Delete
Name: STOUT MANAGEMENT,
Address: 2769 NW 34TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: PAGE TECHNOLOGIES,
Address: 4301 OAK CIRCLE SUITE 8
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: WALTON & COMPANY, CP, AS, PLLC
Address: 2101 NW 2ND AVE #5
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PAGE TECHNOLOGIES,
Address: 1699 S FEDERAL HWY SUITE 200
City-St-Zip: BOCA RATON, FL 33432

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: DAN STOUT

PRES

01/06/2006

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