

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000077060**  
 1. Entity Name  
**AVIATORS MAINTENANCE, LLC**



Principal Place of Business: **9451 SE 72ND AVE. OCALA, FL 34472**  
 Mailing Address: **9451 SE 72ND AVE. OCALA, FL 34472**



08162006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **20-1773544** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BUREL, ALVIN**  
**9451 SE 72ND AVE.**  
**OCALA, FL 34472**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUREL, ALVIN 9451 SE 72ND AVE. OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUREL, MARY 9451 SE 72ND AVE. OCALA, FL 34472
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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:** *Mary Burel* *Aug. 18, 2006*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #