2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000080693

1. Entity Name LEGAL AVIATION, LLC



Principal Place of Business

500 E. KENNEDY BLVD SUITE 200

TAMPA, FL 33602 US

Mailing Address

500 E. KENNEDY BLVD SUITE 200

TAMPA, FL 33602 US

FILED May 03, 2006 08:00 AM Secretary of State



05022006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 41-2156289 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PETITT, RICHARD T 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602

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		114	THIS STACE
	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rematating)	DATE
FiI Due t	ling Fee is \$50.00 by September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	
FITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM PETITT, RICHARD T 500 E. KENNEDY BLVD., SUITE 200 TAMPA, FL 33602	-	U00000562123
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/19/06-80043-024 50.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN	THIS SPACE
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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 eath; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Richard T. Petitt

May 2, 2006

813.223.3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE