

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

04-28-2006 90025 003 \*\*\*50.00

FILED L04000089553

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:06

<b>DOCUMENT # L04000089553</b> 1. Entity Name <b>AVION SALES, LLC</b>					
Principal Place of Business <b>3350 NW ROYAL OAK WAY JENSEN BEACH, FL 34957 US</b>			Mailing Address <b>3350 NW ROYAL OAK WAY JENSEN BEACH, FL 34957 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2010338</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 reappointing) DATE _____					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DOSS, ARDEN JR 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DOSS, RENEE MOTTRAM 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <u>Arden Doss Jr</u> <b>ARDEN DOSS JR</b> <span style="float: right;">4/27/06 772-692-7800</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					