

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002612

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: PRECISION APPROACH, LLC

**Current Principal Place of Business:**

249 MASTERS POINT COURT  
SLIDELL, LA 70458

**New Principal Place of Business:**

13555 PERDIDO KEY DRIVE  
APT 16AU  
PENSACOLA, FL 32507

**Current Mailing Address:**

249 MASTERS POINT COURT  
SLIDELL, LA 70458

**New Mailing Address:**

13555 PERDIDO KEY DRIVE  
APT 16AU  
PENSACOLA, FL 32507

FEI Number: 13-4304667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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: LELAND, M. SHAUN  
Address: 249 MASTERS POINT COURT  
City-St-Zip: SLIDELL, LA 70458

Title: MGRM ( ) Delete  
Name: SMITH, JON R  
Address: 52 FAIRWAY OAKS DRIVE  
City-St-Zip: NEW ORLEANS, LA 70131

Title: MGRM ( ) Delete  
Name: MASON, RON  
Address: 2300 SETH WILLIAMS BOUELEVAR  
City-St-Zip: CAMP LEJEUNE, NC 28547

Title: MGRM ( ) Delete  
Name: AUDSLEY, WALTER  
Address: PO BOX 8  
City-St-Zip: LEXINGTON, MO 64067

**ADDITIONS/CHANGES:**

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

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

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

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: M. SHAUN LELAND

MR.

02/20/2006

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