

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000031941

1. Entity Name
INSIGHT AVIATION TWO, LLC



Principal Place of Business
**1281 GULF OF MEXICO DR.
#807
LONG BOAT KEY, FL 34228 US**

Mailing Address
**1281 GULF OF MEXICO DR.
#807
LONG BOAT KEY, FL 34228 US**



03072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2601325	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONATHAN D. LEINWAND, P.A.
12955 BISCAYNE BLVD.
SUITE 402
NORTH MIAMI, FL 33181**

**DO NOT WRITE
IN THIS SPACE**

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 **JONATHAN D. LEINWAND, P.A.**
Signature, typed or printed name of registered agent and title if applicable

3/7/2007
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOBREN, ERIC
STREET ADDRESS	1281 GULF OF MEXICO DR., # 807
CITY-ST-ZIP	LONG BOAT KEY, FL 34228

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**DO NOT WRITE
IN THIS SPACE**

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:

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

3/7/2007

Date

941-387-7770

Daytime Phone #