

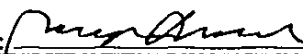
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/28/2006-90071-027-\$50.00-\$50.00

7/1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:33

DOCUMENT # L05000033065					
1. Entity Name BROTHERS AVION, LLC					
Principal Place of Business 125 N. AIRPORT RD., STE 202 NAPLES, FL 34104			Mailing Address 125 N. AIRPORT RD., STE 202 NAPLES, FL 34104		
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	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				7/122006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROAD, GARY R 125 N AIRPORT RD., STE 202 NAPLES, FL 34104			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 7/20/06					
Filing Fee is \$50.00 Due by September 6, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Partners PRESIDENT ☐ Delete GARY R BROAD 20850 MOXON Clinton Twp Mich 48036				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Partners TREASURER ☐ Delete DHIRENDRA C. PATEL 3815 RANJAY DR Commerce Twp MI 48382				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Partners SECRETARY ☐ Delete CHUNY GELA 1790 13/4e Heron Ct. Bloomfield Hills MI 48302				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.					
SIGNATURE:  DATE 7/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE					