


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/9

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90147 031 \*\*\*\*50.00

<b>DOCUMENT # L05000056943</b> 1. Entity Name <b>COLLUM AVIATION, LLC</b>					
Principal Place of Business <b>5801 FOXWOOD ROAD MILTON, FL 32570</b>			Mailing Address <b>5801 FOXWOOD ROAD MILTON, FL 32570</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COLLUM, ARCHIE L JR 5801 FOXWOOD RD MILTON, FL 32570</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 renewing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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>MGJR COLLUM, ARCHIE L JR 5801 FOXWOOD ROAD MILTON, FL 32570</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>ARCHIE LEX COLLUM JR</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>2/26/06</b> <small>Date</small>		
			<b>850-982-2367</b> <small>Daytime Phone #</small>		



ATTACHMENT

30001070

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

COLLUM AVIATION, LLC  
5801 FOXWOOD ROAD  
MILTON, FL 32570

Subject: **COLLUM AVIATION, LLC**

Reference Number: **L05000056943**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION