

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000056943
 1. Entity Name
 COLLUM AVIATION, LLC



Principal Place of Business
 5801 FOXWOOD ROAD
 MILTON, FL 32570

Mailing Address
 5801 FOXWOOD ROAD
 MILTON, FL 32570

DO NOT WRITE IN THIS SPACE



01192008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2971092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLUM, ARCHIE L JR
 5801 FOXWOOD RD
 MILTON, FL 32570

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLUM, ARCHIE L JR 5801 FOXWOOD ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000794572
 01/28/08-80013-010 138.75

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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.

SIGNATURE: Archie Lee Collum Jr ARCHIE LEE COLLUM JR 1/21/08 850-623 8125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #