


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058858 1. Entity Name CARMAN AVIATION, LLC	
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Principal Place of Business 5119 LAKE-IN-THE-WOODS BOULEVARD LAKELAND, FL 33813	Mailing Address 5119 LAKE-IN-THE-WOODS BOULEVARD LAKELAND, FL 33813
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03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3091324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MUTZ, OSCAR U 5119 LAKE-IN-THE-WOODS BOULEVARD LAKELAND, FL 33813

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


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

U000000936224
05/27/08-80002-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUTZ, O U 5119 LAKE-IN-THE-WOODS BOULEVARD LAKELAND, FL 33813
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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:  APRIL 28, 2008. (863) 644-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

OSCAR U. MUTZ, MANAGER