2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-07-2006 90208 024 ****50.00
04-03-2006 90067 025 ****55.00

DOCUMENT # L05000064533

1. Entity Name
DLR AVIATION LLC

Principal Place of Business	Mailing Address
~~3284 MEADOW RUN COURT~~ ~~VENICE, FL 34293~~	P.O. BOX 340 OSPREY, FL 34229-0340

02022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
25 South Magnolia	P.O. BOX 340
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: OSPREY, FL 34229-
Zip: 32801 Country: USA	Zip: 34229 Country: USA

4. FEI Number ✓ Applied For / Not Applicable

5. Certificate of Status Desired ✓ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SIWARSKI, GLEN D
3284 MEADOW RUN COURT
VENICE, FL 34293

7. Name and Address of New Registered Agent
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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO. GLEN SIWARSKI 3284 MEADOW RUN Ct VENICE, FL. 34293 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING DIRECTOR. (~~[illegible]~~) VPRESIDEN MR DON LEWIS 80 RIVERSIDE DR. NEW YORK City, NY 10024 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Glen D. Siwarski President 3/29/06 941 915-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #