2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# L05000069766

Entity Name: CENTRAL FLORIDA AVIONICS & INSTRUMENTS, LLC

Current Principal Place of Business:

PO BOX 662
FRUITLAND PARK, FL 34731

New Principal Place of Business:

8/812 AIRPORT BLVD
LEESBURG, FL 34788

Current Mailing Address:

PO BOX 662
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 20-3692600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANOBA, GREGORY A
114 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GARCIA, RICARDO
Address: 3650 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811

Title: V.P. ( ) Delete
Name: NOLAND, MICHAEL C
Address: 8812 AIRPORT BLVD SUITE 2
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change ( ) Addition
Name: NOLAND, MICHAEL C
Address: 8812 AIRPORT BLVD
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL C. NOLAND V.P. 07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date