

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102232

Entity Name: PRODIGIOUS AVIONICS LLC

FILED  
Jan 15, 2007  
Secretary of State

**Current Principal Place of Business:**

6842 NW 111TH AVE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

6842 NW 111TH AVE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 55-0907025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEDMAN, JAMES W JR.  
6842 NW 111TH AVE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

STEDMAN, JAMES W CEO  
6842 NW 111TH AVE  
DORAL, FL 33178 US

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: JAMES W STEDMAN JR

01/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEDMAN, SABRINA M  
Address: 6842 NW 111TH AVE  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: STEDMAN, JAMES W JR.  
Address: 6842 NW 111TH AVE  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEDMAN, SABRINA M COO  
Address: 6842 NW 111TH AVE  
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change ( ) Addition  
Name: STEDMAN, JAMES W CEO  
Address: 6842 NW 111TH AVE  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W STEDMAN JR

CEO

01/15/2007

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