


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
2006 JUL 11 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000107022	
1. Entity Name ZABOL AVIATION, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8726 Hickorywood Lane		3. Mailing Address 8726 Hickorywood Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33615	Country	Zip 33615	Country

BK

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 22-3917962		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Spiegel & Utrera, P.A.		
Street Address (P.O. Box Number is Not Acceptable)			
1840 Coral Way, 4th Floor			
City Miami FL Zip Code 33145			

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.

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lacitignola, Frank 8726 Hickorywood Lane, Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700077535707 07/14/06--01051--017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Blottman, James F. 8726 Hickorywood Lane, Tampa, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Frank Lacitignola, Mgr.	7/7/06	813-389-6419
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>