


FILED
Mar 23, 2006 8:00 am
Secretary of State

2/14

02-14-2006 90018 004 ***150.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000108689			
1. Entity Name AVIATION CAREERS, LLC			
Principal Place of Business 2000 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957		Mailing Address 2000 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
2. Principal Place of Business		3. Mailing Address	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ <small>Signature: Typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining)</small>		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 808, Florida Statutes.			
SIGNATURE: <u>Michael C. Sommer</u> <u>Michael Sommer</u>		DATE: <u>1/27/2006</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

30003090

30001590



01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0804748 Applied For Not Applicable

8. Certificate of Status Desired \$5.00 Additional Fee Required

MANAGING MEMBER

MANAGING MEMBER
 TITLE NAME
 STREET ADDRESS
 CITY - ST - ZIP
2000 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957



ATTACHMENT
30003090

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

AVIATION CAREERS, LLC
2000 NE JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

Subject: AVIATION CAREERS, LLC

Reference Number: **L05000108689**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RM
ANNUAL REPORTS SECTION