

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005651

Entity Name: CGM AVIATION, LLC

FILED  
Jul 20, 2007  
Secretary of State

**Current Principal Place of Business:**

4820 N.W. 59TH STREET  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

4820 N.W. 59TH STREET  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 56-2554937      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:**

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

THE ROBERTSON GROUP  
5216 SW 91 DRIVE  
GAINESVILLE, FL 32608      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MIXON, ROBERT N  
Address: 4820 N.W. 59TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM      ( ) Delete  
Name: COUSINS, ROBERT M  
Address: 1513 N.W. 52ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM      ( ) Delete  
Name: GEIB, DOUGLAS J  
Address: 612 BEECH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES:**

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

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

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

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: ROBERT N. MIXON

MEMB

07/20/2007

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