

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005651

Entity Name: CGM AVIATION, LLC

FILED  
May 14, 2009  
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 ( )

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

THE ROBERTSON GROUP  
5216 SW 91 DRIVE  
GAINESVILLE, FL 32608 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: MGRM ( ) Delete  
Name: MIXON, ROBERT N  
Address: 4820 N.W. 59TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM (X) 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 MIXON

MGRM

05/14/2009

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