

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014713

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: CANAM AVIATION SALES, LLC

**Current Principal Place of Business:**

3050 NE 44TH STREET  
LIGHTHOUSE POINT, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

3050 NE 44TH STREET  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

FEI Number: 20-4280756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTH FLORIDA TAX INC.  
1514 NORTH DIXIE HIGHWAY  
HOLLYWOOD, FL 33020 US

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

SOUTH FLORIDA TAX  
415 WEST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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: SCOTT E ITKIN

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PLATH, ROBERT V  
Address: 3050 NE 44TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MEM (X) Delete  
Name: SANDERS, LEONARD  
Address: 3050 NE44TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**ADDITIONS/CHANGES:**

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 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 V PLATH

MGRM

01/05/2007

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