2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

02-08-2007 90138 015 ****50.00

DOCUMEN 1. Entity Name SAAB AVIATIO		0103489				02-08-200)7 9013	8 015 ****50.00
Principal Place of Business AVE.	n ës s	Mailing Address P.O. BOX 237						
		US		WAS IN IN .				
ZELLWOOD, FL 3279	98 US				1 1301011 011 0		ei (1211 2212 2 +	rii Gigal Misa rotag i ile idas
2. Principal Place of B	usiness No BO B	a. d. 19 Mailian Address						
E rincipariace or b	usiness + 140 F.Q. D	S. Mailing Address	3. Mailing Address			LEUR RILLE BILLE FALLE BLEE	JA RE dio 1001060 (1.	NY 21983 (6319 17170) WY (477)
Suite, Apl. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01112007	Chg-LLC	CR2E0	83 (12/06)
City & State		City & State	City & State		4. FEI Number			Applied For
					20-6	35089	2	Not Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$5.00 Additional Fee Required
6. Na	me and Address o	Current Registered Agent			7. Name and /	Address of New R	egistered A	gent
SAAB, DEMETRI			Name	Đ				
13444 BISCAYNE GRAND ISLAND,	DRIVE		Street Address (P			is Not Acceptable	1	
··								
•			City	City FL Zip Code				Zip Code
 The above named at the obligations of re 		atement for the purpose of changing its re-	gistered office	or registere	d agent, or both	, in the State of Flo	rida. I am fa	amiliar with, and accept
SIGNATURE X								
	ped or printed name of regi	istered agent and irde if applicable (NOTE R	egistered Agent sig	harms (edmeq »	hen reinslatings		DATE	
Filing Fe Due by M	o is \$50.00 Asy 1, 2007			i			e check pa Departme	syable to int of State
9.	MANAGIN	G MEMBERS/MANAGERS	10.		ADDITIONS/CHANGES			
HILE MA	NAGEL	☐ Delete	IIILE					☐ Change ☐ Addition
NAME IT WAS	FTRID	SAAB	NAME					

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES					
HTLE NAME STREET ADDRESS CIFY-ST-EEP	MANAGER Delete DEMETRIO SARIS 13444 BISCAYNE DRIVE GRAND FLAND FL 32735	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Charge	Addition			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIF		☐ Change	Addition			
TITLE NAME SIREE) ADDRESS CITY-SI-ZIP	☐ Deliate	CITY-S1-2IF	-	☐ Change	Addilion			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Oellete	TITLE NAME STREET ADDIESS GITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delide	TITLE NAME STREET ADDRESS GTY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delote	HILE NAME STREEL ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition			
11. Increby 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 shalf have the same legal effect as if made under path; 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: X	126	12007				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIVE		Dafe	Daytime Phone #			