

# 2006 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

## DOCUMENT #

1. Entity Name  
WRIGHTWAY AVIATION CENTER, L.L.C.

699000000084

00 MAY 15 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00033527

Principal Place of Business Mailing Address  
1585 Aviation Center Parkway #606  
Daytona Beach, FL 32114

2. Principal Place of Business same  
3. Mailing Address same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country USA Zip Country USA

4. FEI Number 59-3551441 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

### 6. Name and Address of Current Registered Agent

Christian Jenny, MGRM  
103 North Lake Drive, Suite B  
Ormond Beach, FL 32174

### 7. Name and Address of New Registered Agent

Name  
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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

### 9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete  
NAME James V. Lynch, MGR  
STREET ADDRESS 1585 Aviation Center Pkwy. #606  
CITY-ST-ZIP Daytona Beach, FL 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 100003287731-7  
STREET ADDRESS -06/14/00--01004--010  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: James V. Lynch, President

(904) 254-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)