

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003122

Entity Name: AVIATION MANAGERS, L.L.C.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

3800 SOUTHERN BLVD., SUITE 110  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

1517 PERIMETER ROAD SUITE 534  
WEST PALM BEACH, FL 33406

## Current Mailing Address:

3800 SOUTHERN BLVD., SUITE 110  
WEST PALM BEACH, FL 33406

## New Mailing Address:

1517 PERIMETER ROAD SUITE 534  
WEST PALM BEACH, FL 33406

FEI Number: 20-0468181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THRELKELD, WILLIAM  
3800 SOUTHERN BLVD., SUITE 110  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

THRELKELD, WILLIAM  
1517 PERIMETER ROAD SUITE 534  
WEST PALM BEACH, FL 33406 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:

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: THRELKELD, WILLIAM  
Address: 3800 SOUTHERN BLVD., SUITE 110  
City-St-Zip: WEST PALM BEACH, FL 33406

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: THRELKELD, WILLIAM  
Address: 1517 PERIMETER ROAD SUITE 534  
City-St-Zip: WEST PALM BEACH, FL 33406

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: WILLIAM THRELKELD

MGR

04/27/2006

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