


**- 2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003823</b>	
<b>1. Entity Name</b> RELIANT AEROSPORTS, LLC	

<b>Principal Place of Business</b> 229 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33990	<b>Mailing Address</b> 229 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33990
--	--



02232006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-1572739	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MAZZELLA, VICTOR 1408 SE 17TH AVE. CAPE CORAL, FL 33904
---

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR KLUNDER, VIRGIL 229 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL 33990
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

1100001447835  
03/08/06-80070-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby 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 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:**  Virgil Klunder, mgr 2/20/06 (239) 242-0353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #