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Secretary of State
08-03-2006 90072 017 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30012669

DOCUMENT # M05000002111

1. Entity Name
JDL AVIATION LLC

Principal Place of Business	Mailing Address
998 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	998 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432

07122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
400 Royal Palm Way	400 Royal Palm Way
Suite, Apt. #, etc. Ste 404	Suite, Apt. #, etc. Ste 404
City & State Palm Beach FL	City & State Palm Beach FL
Zip 33480 Country USA	Zip 33480 Country USA

4. FEI Number
20-0386314
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RALES, NORMAN R 998 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	Name: TIEDEMANN FLORIDA REP OFFICE Street Address (P.O. Box Number is Not Acceptable): 400 Royal Palm Way Ste 404 City: Palm Beach FL Zip Code: 33480

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: Timothy C Martin 7/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RALES, NORMAN R 998 S. FEDERAL HWY., SUITE 200 BOCA RATON, FL 33432	☒ Delete	MGR, MEMBER J. DANIEL LUGOSCH III 7014 SE HARBOR CIR STUART FL 34996	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGR. Member ELLEN LUGOSCH 7014 SE HARBOR CIR STUART FL 34996	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: 20 July 2006 772 426 0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #