2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002698

1. Entity Name
AUTO DIRECT AVIATION, LLC

Principal Place of Business	Mailing Address
1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810	1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1709151

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPMAN, WAYNE D
2665 SOUTH BAYSHORE DRIVE STE 1006
COCONUT GROVE, FL 33133

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

Filing Fee is $50.00
Due by May 1, 2006

000000540962
05/10/06-80040-003 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LIPPMAN, WAYNE D
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE STE 1006
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	THORNTON, W JEPTHA D
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD STE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGR
NAME	THORNTON, SAM D
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD STE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/27/06 305-858-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #