


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000002698 1. Entity Name AUTO DIRECT AVIATION, LLC	
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Principal Place of Business 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810	Mailing Address 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



02212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1709151	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**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 reinstating) DATE


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

U000000840929
03/07/08-80013-018 143.75

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:  **Wayne D. Lippman** 2/21/08 (305) 858-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #