## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AN
Secretary of State

	ANNOAI	S, REPURI			~~~	July 01
1. Enlity Nau	IMENT # M0500000 TRAFALGAR/AVION 3 LLC	6492				
Principal Place of Business  C/O NATIONAL COPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY  DOVER, DE 19901  Malling Address  C/O NATIONAL COPORATE I 615 SOUTH DUPONT HIGHWAY  DOVER, DE 19901		RESEARCH, LTD. NAY				
	O NOT WRITE		ACE	07102006 No Chg-LLC  4. FEI Number NOT APPLICABLE  5. Certilicate of Status Deaire	CR2E083 (	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				DO NOT I		
SIGNATURE.	Speake, hand or priving name of registered agent Hing Fee is \$50.00 by September 6, 2006	and file if applicable. (NOTE Requ	manad Agent signeture required	when (ainstaing)	CATE	
9.	MANAGING MEMBE	HS/MANAGÉRS			<del> </del>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM FREDERICKS, SHARON N 1811 NORTH EAST 40TH COUR OAKLAND PARK, FL 33334					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					.10000057280 31.706-80004	
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO NOT	NRITE	
TITLE Name Street address City-St-Zip				in this s	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Amerikan di Salah Baran Bar Baran Baran Bar Baran Baran Ba	
TITLE						

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 path; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NONATURE AND TYPED A PENTED ME OF EXHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/10/06

446-367-5400

Daysins Phone #