



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 124202		2. Exact name of the limited liability company AVU AIR, L.L.C.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Leasing / Financing	
5. Principal office address 10 Riverview Drive		City DANBURY	State CT
		Zip 06810-6268	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LINDA ZECHER		Contact Title MANAGER	
Street Address 10 Riverview Drive		City DANBURY	State CT
		Zip 06810-6268	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEMS		Address	
Address 10 Weybosset Street		City PROVIDENCE	Zip 02903

RECEIVED  
 OFFICE OF THE  
 SECRETARY OF STATE  
 AUG 7 2006 7:07 PM

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

File Date **AUG 07 2006**

Check No. By OOE 40-0808000

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Linda M. Zecher 8/4/06  
Signature of Authorized Person Date

Linda M. Zecher  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124202		2. Exact name of the limited liability company AVN Air, L.L.C.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Leasing/Financing	
5. Principal office address 44 Old Ridgebury Road		City Danbury	State CT
			Zip 06810
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>			
Contact Name Kapil Kundrai		Contact Title Vice President (Path Air, LLC- Member)	
Street Address 44 Old Ridgebury Road, Attn: Licensing		City Danbury	State CT
			Zip 06810
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b>			
FILE IN SPACES BEFORE USING ATTACHMENTS. <i>Go to: FORM 642</i>			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G. 7-16-12 (a) (2) 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Change require filing of Form 642. R.I.G. 7-16-11</b>			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

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CORPORATIONS DIV  
AM 10:39  
05 SEP

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
SEP 29 2005  
By: AMF  
80205

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person: Kapil Kundrai  
Date: 07/04/05  
Print or Type Name of Authorized Person: Kapil Kundrai, VP- Path Air, LLC (Member)

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 JUL 14 AM 10:58



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Div  
100 North Main St  
Providence, RI 02903-  
401.222.

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>124202</b>		2. Exact name of the limited liability company <b>AVN Air, L.L.C.</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Financing / Leasing</b>			
5. Principal office address <b>44 Old Ridgebury Road</b>		City <b>Danbury</b>	State <b>CT</b>	Zip <b>06810</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Linda Zecher</b>			Contact Title <b>VP</b>		
Street Address <b>44 Old Ridgebury Road</b>		City <b>Danbury</b>	State <b>CT</b>	Zip <b>06810</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <del><b>Path Air LLC</b></del>			Manager Name <b>General Electric Capital Corp</b>		
Street Address <del><b>44 Old Ridgebury Road</b></del>		Street Address <b>260 Longridge Road</b>			
City <del><b>Danbury</b></del>	State <del><b>CT</b></del>	Zip <del><b>06810</b></del>	City <b>Stamford</b>	State <b>CT</b>	Zip <b>06901</b>
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 4 2 0 2 \*

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
**RECEIVED**  
**DEC 19 2003**  
BY \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Linda Zecher** 9/30/03  
Signature of Authorized Person Date  
**Linda Zecher**  
Print or Type Name of Authorized Person