


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90032 034 \*\*\*\*50.00

**60042274**



DOCUMENT # L06000087004			
1. Entity Name D.P. AIRCRAFT, LLC			
Principal Place of Business 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160		Mailing Address 18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # Ft. Lauderdale Execut Airport		3. Mailing Address 18001 Collins Ave.	
Suite, Apt. #, etc. 1020 NW 62nd St		Suite, Apt. #, etc. 31st Fl.	
City & State Ft. Lauderdale FLA		City & State Sunny Isles Beach FLA	
Zip 33309	Country	Zip 33160	Country
4. FEI Number 04242007		Chg-LLC	CR2E083 (12/06)
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Neomi Dezertzon</u>		Date: <u>4/25/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	