

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000616

FILED  
Feb 22, 2006  
Secretary of State

Entity Name: APOLLO AVIATION CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

848 BRICKELL AVE STE 900  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL AVE STE 900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-0701388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOFFMAN, JOHN  
848 BRICKELL AVE STE 900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

HOFFMAN, JOHN  
848 BRICKELL AVE STE 747  
MIAMI, FL 33131 US

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.

SIGNATURE:

02/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KORN, ROBERT  
Address: 848 BRICKELL AVE STE 900  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: HOFFMAN, WILLIAM  
Address: 848 BRICKELL AVE STE 900  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT KORN

MR

02/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date