# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000078357

1. Entity Name
CHEYENNE AVIATION, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1515 S. FEDERAL HIGHWAY, SUITE 300<br>BOCA RATON, FL 33432 | 1515 S. FEDERAL HIGHWAY, SUITE 300<br>BOCA RATON, FL 33432 |

**DO NOT WRITE IN THIS SPACE**

04042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1500487

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A. DEUTCH, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33432

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

U00000515295
04/29/06-80206-001 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | ALTMAN, JOEL L |
| STREET ADDRESS | 1515 S FEDERAL HWY, STE 300 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | |
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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:** _____ JOEL L. ALTMAN 4/14/06 561-997-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #