

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000062

Entity Name: AEROFINANCE, L.L.C.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

1825 PONCE DE LEON BOULEVARD, SUITE #487  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

1825 PONCE DE LEON BOULEVARD, SUITE #487  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 52-2210917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUEVEDO, BENITO  
1825 PONCE DE LEON BLVD., SUITE 487  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: QUEVEDO, BENITO  
Address: 1825 PONCE DE LEON BLVD., SUITE #487  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: QUEVEDO, EMILY G  
Address: 1825 PONCE DE LEON BLVD, SUITE#487  
City-St-Zip: CORAL GABLES, FL 33134

## 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 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: EMILY QUEVEDO

VP

01/19/2009

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