

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 008 ****55.00

DOCUMENT # L01000000796

1. Entity Name
FERRELL AIRCRAFT HOLDINGS, L.L.C.



Principal Place of Business
**201 S. BISCAYNE BLVD.
MIAMI CENTER, 34TH FLOOR
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD.
MIAMI CENTER, 34TH FLOOR
MIAMI, FL 33131**

20043143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1078870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRELL GROUP CORPORATE SERVICES, LLC
201 S. BISCAYNE BLVD., STE 3400
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FERRELL SCHULTZ CARTER & FERTEL P.A.**
STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 3400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **mgr** ☒ Change ☐ Addition
NAME **Ferrell Law, P.A.**
STREET ADDRESS **201 S. Biscayne Blvd., Suite 3400**
CITY-ST-ZIP **Miami, FL-33131**

TITLE **S** ☐ Delete
NAME **DA CASTIGLIONE, MAYRA C**
STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 3400**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Mayra C. Castiglione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06
Date

305-371-8585
Daytime Phone #