2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L01000000796 1. Entity Name FERRELL AIRCRAFT HOLDINGS, L.L.C.



FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90041 008 ****55.00

			1					
Principal Place of Business		Mailing Address			200	49440		
201 S. BISCAYNE BLVD. MIAMI CENTER, 34TH FLOOR MIAMI, FL 33131		201 S. BISCAYNE BLVD. Miami Center, 34th Floor Miami, Fl 33131						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	04262006 C	ng-LLC C	R2E083 (11/05)	
City & State		City & State			4. FEI Number 65-107887)		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Regist	ered Agent	
			N	ame				
FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD., STE 3400 MIAMI, FL 33131			Si	treet Address (P.O. Box Number is N	ot Acceptable)	11.1	
			С	ity			FL Zip Cod	ie
8. The above	named entity submits this statement to	or the purpose of changing its	registered of	ffice or register	red agent, or both, in t	he State of Florida.	I am familiar with,	and accept
SIGNATURE	•							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Age	nt signature required	d when reinstating)	Ε	DATE	
	iling Fee is \$50.00 ue by May 1, 2006						eck payable to partment of Stat	e
9.								
1	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CHAP	VGES	
TITLE	MGR	ERS/MANAGERS	10.	me	il.	ADDITIONS/CHAP	NGES Change	☐ Addition
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TITLE	MGR	Delete	TITLE	DRESS 201	iel Law, 15. Biscau	P.A.	VGES EPChange , Suite 3	Addition
TITLE NAME	MGR FERRELL SCHULTZ CARTER 8	Delete	TITLE	DRESS 201	ir rell Law, 15. Biscau ami FL-	P.A. Ine Blvd. 33131	Suite 3	Addition
TITLE NAME STREET ADDRESS	MGR FERRELL SCHULTZ CARTER 8 201 S. BISCAYNE BLVD., SUITE	☐ Delete A FERTÉLP.A. E 3400	TITLE NAME STREET ADI	DRESS 201	ir rell Law, 15. Biscau ami, FL-	P.A. Ine Blvd. 33131	Echange , Suite 3	Addition
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: R, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP