

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

|                                                                         |                                                                                   |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L01000003035</b><br>1. Entity Name<br>MILAM COMMERCE, LLC |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br>% V.H.L. AIRCRAFT INC.<br>5000 NW 74TH AVE.<br>MIAMI, FL 33166 | Mailing Address<br>% V.H.L. AIRCRAFT INC.<br>5000 NW 74TH AVE.<br>MIAMI, FL 33166 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



04052006 No Chg-LLC

CR2E083 (11/05)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-1093134                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                         |

|                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>VALDES-FAULI CORPORATE SERVICES, INC.<br>2 SOUTH BISCAYNE BLVD.<br>SUITE 3400<br>MIAMI, FL 33131 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

U00000497301  
04/22/06-80047-017 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEDESMA, MANUEL I<br>8955 SW 75 ST.<br>MIAMI, FL 33173   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPST<br>LEDESMA, YOLANDA<br>8955 SW 75 ST.<br>MIAMI, FL 33173 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |

**DO NOT WRITE  
IN THIS SPACE**

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 609, Florida Statutes.

**SIGNATURE:** Manuel Ledesma (305) 592-4178 04-05-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #