2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 30, 2006 8:00 am Secretary of State **DOCUMENT # L01000003678** 1. Entity Name 01-30-2006 90157 050 ****50.00 M & Ó AIRCRAFT SALES, LLC Principal Place of Business Mailing Address % WHITE & BROWN, P.A. % WHITE & BROWN, P.A. 9000 SW 152ND ST., STE. 102 9000 SW 152ND ST., STE. 102 MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address 7450 SW 131 Street PO Box 560945 Suite, Apt. #, etc Suite, Apt. #, etc. 01032006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Miami, Florida 33156 Miami, Florida 33256-0945 65-1088734 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33156 33256-0945 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name B. Mackay Brown (same) BROWN, B. MACKAY ESQ. Street Address (P.O. Box Number is Not Acceptable) % WHITE & BROWN, P.A. 7450 SW 131 Street 9000 SW 152ND ST., STE. 102 MIAMI, FL 33157 🖟 City Zip Code 3<u>3156</u> Mi<u>ami</u> 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 Make check payable to Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR TITLE Change ☐ Delete ☐ Addition BROWN, B M NAME NAME 7450 SW 131 Street 9000 SW 152 STREET SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33157 CITY-ST-7IP Miami, Florida 33156 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

FILED