2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L01000017066 1. Entity Name FALCOR AVIATION, LLC					May 23, 2005 08:00 AM Secretary of State				
Principal Plac	ce of Business	Mailing Address	4 - 4	<u> </u>					
4298 SANC	CTUARY LANE ON FL 33431	4298 SANCTUARY L	4298 SANCTUARY LANE BOCA RATON FL 33431						
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u></u>	1st MOORE	CR2E08	33 (10/04)	<u></u>
City & State		City & State		4. FEI Nur	nber 65-1143725	5	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certific	ate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name a	ind Address of New R	egistered	Agent	·
SCHNEIDER, LAZ L 350 EAST LAS OLAS BOULEVARD, SUITE 1000 FORT LAUDERDALE FL 33301				Name					
				Street Addres	ss (P.O. Box Nur	nber is Not Acceptable)		
				City	<u></u>	<u></u>	FL	Zip Cod	
8. The above	a named entity submits this a "emer" io	r the purpose of changing it	s register	ed office or regi	stered agent, or	both, in the State of Flo			and accept
the obliga	ations of registered agent								
SIGNATURE	Signature, typed or printed in the signature, typed or printed in the signature.	and title if applicable (NO	TE Begistere	id Agent signature req	ired when reinstalling	<u></u>	DATE	· *2 55.	<u> </u>
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9.	MANAGING MEMBE	RS/MANAGERS	10.	zimo o di tra sci e a tra		ADDITIONS/	CHANGES		
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NAME	GRIBETZ, MICHAEL J			IE	U00000368027 U00000368027 U00000368027 U000000368027 U000000368027 U00000000000000000000000000000000000			ın .	
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STREET ADDRESS CITY-ST-ZIP		_		ETADDRESS -ST-ZIP					
11. Lhereby	certify that the information supplied with	this filing does not qualify to	or the exe	motion stated in	Section 119.07/	(3)(i), Florida Statutes (further cer	tify that the in	nformation
indicated limited lia	on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the same report as	e legal effect as s required by Ch	if made under o apter 608, Florid	ath, that I am a manag Ia Statutes.	ing memb	er or manage	or of the

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