

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018998

1. Entity Name
GREAT SOUTHERN JET, LLC



Principal Place of Business
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394



03082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0378412

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDIN, DAVID C
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BAUR, THOMAS
STREET ADDRESS 5280 NW 21 AVE. HANGER 58
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE MGR
NAME BAUR, CINDY
STREET ADDRESS 5280 NW 21 AVE. HANGER 58
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000557808
05/17/06-80069-006 50.00

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4-26-06 954-772-4696