


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90169 024 ****50.00

DOCUMENT # L01000020093	
1. Entity Name REDHORN AVIATION, L.L.C.	

Principal Place of Business 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130	Mailing Address 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130
---	---

60014003

2. Principal Place of Business 1101 BRICKELL AVE Suite, Apt. #, etc. SUITE 800 N City & State MIAMI FL Zip 33131 Country USA	3. Mailing Address 1101 BRICKELL AVE Suite, Apt. #, etc. SUITE 800 N City & State MIAMI FL Zip 33131 Country USA
---	---



02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1154356		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SILVER & SILVER C/O MAX SILVER 150 S.E. 2ND AVENUE, SUITE 500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: RICHARD M. KWAL C/O KWAL + OLIVA CPAS Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE SUITE 800 N City: MIAMI FL Zip Code: 33131

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: Richard M. Kwal Richard M. Kwal 2/6/06
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	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTA, L.L.C. 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTA LLC 1101 BRICKELL AVE, SUITE 800 N MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BROWARD GROUP, L.L.C. 4839 SW 148 AVENUE, SUITE 458 DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 2/7/06 305-661-0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #