


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000000810
 1. Entity Name
FOUR WINDS AIRCRAFT, LLC



Principal Place of Business Mailing Address
1501 AIRWAY CIR **1501 AIRWAY CIR**
NEW SMYRNA BEACH, FL 32168 **NEW SMYRNA BEACH, FL 32168**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0407838	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
RAHM, JEFFREY A
1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168

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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAHM, JEFF 1791 ARASH CR PORT ORANGE, FL 32128
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UD00000547272
 05/12/06-80017-017 50.00

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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: Linda Delgado 01-06-06 386-426-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #