### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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#### DOCUMENT # L02000002423

1. Entity Name

AIRCRAFT MAINTENANCE OF PLACID LAKES, LLC



Principal Place of Business

215 SENECA DR. NW LAKE PLACID, FL 33852 Mailing Address

215 SENECA DR. NW LAKE PLACID, FL 33852

## FILED Feb 20, 2006 8:00 am Secretary of State

02-20-2006 90142 012 \*\*\*\*50.00



01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3599208

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CREED, JERE D 1755 SE 7TH STREET FORT LAUDERDALE, FL 33316

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.09 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	PD
NAME	CREED, JERE D
STREET ADDRESS	1755 SE 7TH STREET.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	STD
NAME	DEBRULER, SUE
STREET ADDRESS	215 SENECA DR. NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	BENTON, JOSEPH A
STREET ADDRESS	100 AIRPORT RD.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VPD
NAME	BUCCARELLI, RON
STREET ADDRESS	2121 NW 55TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 entitle 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: X

RE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 1-19-06

Daytime Phone i