2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025613

1. Entity Name Q & C AIRCRAFT, LLC



FILED Mar 24, 2006 08:00 AM Secretary of State

Principal Place of Business

2200 N.W. 84TH AVENUE MIAMI, FL 33122 Mailing Address

2200 N.W. 84TH AVENUE MIAMI, FL 33122



DO NOT WRITE IN THIS SPACE

02232006 No Chg-LLC CR2E083 (11/05)

4.	FEI Number
	06-1656624

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROADMEADOW, EDWARD T 2200 N.W. 84TH AVENUE MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33122		IN T	HIS SPACE
	e named entity submits this statement for the purpose of cha- tions of registered agent.	{ nging its registered office or registered agent, or both	i, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or primed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when relnatating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	. [
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM QUEVEDO, BENITO 2200 NW 84TH AVE MIAMI, FL 33122 MGRM		
NAME STREET ADDRESS CITY-ST-ZIP	CONESE, EUGENE P 2200 NW 84TH AVE MIAMI, FL 33122		CONTRACTOR CONTRACTOR CALLED
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TOTLE MAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report if true/and accurate and that ref. 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 true receiver or manager of the similar liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager o

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR FRINTIS NAME O

TAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

190/06

Daytime Phone #