2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
AIRCRAFT FINANCING BY IAM, LLC

Principal Place of Business
2775 EAST OAKLAND PARK BLVD., STE. 10
FT LAUDERDALE, FL 33306

Mailing Address
2775 EAST OAKLAND PARK BLVD., STE. 10
FT LAUDERDALE, FL 33306

01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 51-0438792 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAAZ, HANS G SR.
2775 EAST OAKLAND PARK BLVD., STE. 10
FT LAUDERDALE, FL 33306

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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 — DATE

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KRAAZ, SR, HANS G
STREET ADDRESS	1680 NE 26 AVENUE
CITY ST ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	CROCKETT, HELENE
STREET ADDRESS	2157 CORAL GARDENS DR.
CITY ST ZIP	WILTON MANORS, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 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: Helene Crockett HELENE CROCKETT 1/17/06 954-566-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #