

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000033073

1. 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**

DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KRAAZ, SR. HANS G
1680 NE 26 AVENUE
FORT LAUDERDALE, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CROCKETT, HELENE
2157 CORAL GARDENS DR.
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

U00000734985
05/10/07-80015-019 55.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Helene Crockett
HELENE CROCKETT

4/25/07 954-566-1500