## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT #L03000026561** 1. Entity Name 04-17-2006 90035 046 \*\*\*\*50.00 **FALCON AVIATION LLC** Principal Place of Business Mailing Address 4201 VINELAND RD., STE. I-14 4201 VINELAND RD., STE. I-14 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State 20-0099538 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALCONER, MATTHEW J Street Address (P.O. Box Number is Not Acceptable) 4201 VINELAND RD., STE. I-14 ORLANDO, FL 32811 City Zip Code 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, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR MARM Change TITLE Delete TITLE ☐ Addition FRICOLER, MATTHEW 4301 VINELAND RO, STE I-14 FALCONER, MATTHEW J NAME NAME STREET ADDRESS 4403 VINELAND ROAD B-15 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ORHANDO, FL 32811 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information eupplied 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

**FILED**