

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000029752

1. Entity Name  
GAINES AIRCRAFT, LLC



Principal Place of Business  
1473 NORTH OCEAN BLVD  
PALM BEACH, FL 33480

Mailing Address  
1473 NORTH OCEAN BLVD  
PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



03152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
23-2606187

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMBY, LOUIS L III  
C/O ALLEY MAASS, ROGERS & LINDSAY  
321 ROYAL POINCIANA PLAZA SOUTH  
PALM BEACH, FL 33480

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME GAINES, STANLEY N  
STREET ADDRESS 1475 NORTH OCEAN BOULEVARD  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000562658  
05/19/06-80064-015 50.00

**DO NOT WRITE  
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 #