


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 011 ****55.00

DOCUMENT # L04000045000					
1. Entity Name FERRELL HANGAR GROUP, LLC					
Principal Place of Business 201 S. BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131 US			Mailing Address 201 S. BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1968639	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERRELL GROUP CORPORATE SERVICES, L.L.C. 201 S. BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRELL, MILTON M JR. 201 S. BISCAYNE BOULEVARD, 34TH FLOOR MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DA CASTIGLIONE, MAYRA C 201 S. BISCAYNE BOULEVARD, 34TH FLOOR MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DA CASTIGLIONE, Mayra C. 201 S. Biscayne Blvd., 34th Floor Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Mayra C. da Castiglione</i>			4/28/06 305-371-8885		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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