

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90185 020 \*\*\*143.75

DOCUMENT # L04000045000					
<b>1. Entity Name</b> FERRELL HANGAR GROUP, LLC					
<b>Principal Place of Business</b> 201 S. BISCAYNE BOULEVARD, 34TH FLOOR MIAMI, FL 33131 US			<b>Mailing Address</b> 201 S. BISCAYNE BOULEVARD, 34TH FLOOR MIAMI, FL 33131 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04142008    Chg-LLC    CR2E083 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-1968639	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME FERRELL, MILTON M JR. STREET ADDRESS 201 S. BISCAYNE BOULEVARD, 34TH FLOOR CITY-ST-ZIP MIAMI, FL 33131			TITLE <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Ferrell, Milton M., Jr. STREET ADDRESS 201 S. Biscayne Boulevard, 34th floor CITY-ST-ZIP miami, FL 33131		
TITLE <b>S</b> <input type="checkbox"/> Delete NAME DA CASTIGLIONE, MAYRA C STREET ADDRESS 201 S. BISCAYNE BOULEVARD, 34TH FLOOR CITY-ST-ZIP MIAMI, FL 33131			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Maysa C. da Castiglione, Sec.</u> <u>4/29/08</u> <u>305-321-8585</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					