## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## **FILED** May 01, 2006 08:00 Al Secretary of State DOCUMENT # L04000048922 1. Entity Name RICHMARK AIRCRAFT LEASING IV, LLC Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY, SUITE 306 1515 NORTH FEDERAL HIGHWAY, SUITE 306 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 34-2002842 Not Applicat Country Zıp 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 HWRAWG CORP. Street Address (P.O. Box Number is Not Acceptable) 1801 N. MILITARY TRAIL, SUITE 200 **BOCA RATON FL 33431** 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 Hegistered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition MGRM Delete TITLE TITLE NAME NAME GENSHEIMER, MARK A. STREET ADDRESS STREET ADDRESS 1515 N. FEDERAL HIGHWAY, SUITE 306 !IOOOOSSOOS? ່-ດວດ 50.ກຼາ CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33432** THLE Change 🔲 Addiba TITLE MGRM Delete NAME SESAME STREET PRODUCTIONS, INC. STREET ADDRESS STREET ADDRESS 399 NW BOCA RATON BLVD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 Change Antalia: TITLE ☐ Defeie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THILE ☐ Delele NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BHE ☐ Delete TITLE Change Addit-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2iP TITLE ☐ Change Agging TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this eport as required by Chapter 608, Florida Statutes.

SIGNATURE: MUL