

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-29-2005 90055 028 ****50.00

DOCUMENT # L04000080394					
1. Entity Name GLE AIRCRAFT, LLC					
Principal Place of Business 18001 COLLINS AVE. 31ST FLOOR SUNNY ISLES BEACH, FL 33160			Mailing Address 18001 COLLINS AVE. 31ST FLOOR SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEL Number 34-2024061			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIR. SUITE 601 COARL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and size of corporation. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Neomi Dezer 207 18001 Collins Ave 31st Fl Sunny Isles Beach FLA		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER 33160	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Gil Dezer 18001 Collins Ave 31st Fl Sunny Isles Beach FLA		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER 33160	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joanne Pahn</u> <u>LESLIE SALMAN</u> <u>4/27/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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6/10/05