2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

| DOCUMENT # L04000090729 1. Entity Name AIRCRAFT ASSET INFORMATION MANAGEMENT LLC | | | | | 04-22-2005 | 90048 036 **** | 55.00 | |
|---|---|---|--|---|---|---|--|--|
| Principal Plac | e of Business | Mailing Address | 1 | | | | | |
| 760 SANDY | | n | | | | | | |
| 760 SANDY HOOK ROAD | | | | | | | | |
| | | • | | 1 | | | | |
| O Drivering Discours Observed Day Notice Address | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | <u> </u> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02082005 | Chg-LLC | CR2E083 (10/03) |) | |
| City & State | | City & State | | 4. FEL Numb | 041400 | 7 | pplied For lot Applicable | |
| Zip | Country Zip | | Country | | of Status Desired | ¢ . ¢ . 00 . | Iditional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New R | | - | |
| 6. Name and Address of Current Registered Agent | | | Name | | | <u> </u> | | |
| AUPPERLEE, KENNETH W | | | | 100000000000000000000000000000000000000 | | | | |
| 760 SANDY HOOK ROAD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PALM HAI | RBOR, FL 34683 | | | | | | | |
| | | | 011 | | | | | |
| | | | City | FL Zip Code | | | | |
| | named entity submits this statement for tions of registered agent. | or the purpose of changing its | registered office or regis | stered agent, or bo | oth, in the State of Flo | rida. I am familiar with | , and accept | |
| SIGNATURE | | • | | | ***** | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signature requ | ired when reinstating) | | DATE | | |
| | | | | | | | | |
| F | ं। iling Fee is \$50.00 | | | • | Make | e check payable to | | |
| Fi | ाiing Fee is \$50.00 ue by May 1, 2005 | | | • | | e check payable to Department of Sta | te . | |
| | iling Fee is \$50.00 ue by May 1, 2005 | | | | Florida | Department of Sta | te | |
| 9. | iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBI | | 10. | | Florida | CHANGES | | |
| 9. | iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBI | ERS/MANAGERS | 10. | | Florida | Department of Sta | te Addition | |
| 9. | iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBI | | 10. | | Florida | CHANGES | | |
| 9. TITLE NAME | MANAGING MEMBI MGR AUPPERLEE, KENNETH W | | 10. TITLE NAME | | Florida | CHANGES | | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBI MGR AUPPERLEE, KENNETH W 760 SANDY HOOK ROAD | | 10. TITLE NAME STREET ADDRESS | | Florida | CHANGES | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBI MGR AUPPERLEE, KENNETH W 760 SANDY HOOK ROAD | ☐ Delete | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Florida | CHANGES | ☐ Addition | |
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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)(i). 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATIVE Date

Daytime Phone #