

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001487

FILED
Apr 27, 2007
Secretary of State

Entity Name: SHAMORR HOLDINGS, LLC

Current Principal Place of Business:

35 NE 40TH STREET SUITE#301
ATTN: PROPERTY MANAGEMENT DEPT.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

35 NE 40TH STREET
ATTN: PROPERTY MANAGEMENT DEPT.
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORR, JEFF
35 NE 40TH STREET SUITE #301
ATTN: PROPERTY MANAGEMENT DEPT.
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORR, JEFF
Address: 35 NE 40TH STREET SUITE #301
City-St-Zip: MIAMI, FL 33137

Title: MGR (X) Delete
Name: CS AVIATION,
Address: 1827 SUNSET HARBOR DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: CS AVIATION CONSULTA, NTS, INC.
Address: 1100 LEE WAGENER BLVD. SUITE 324
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF MORR

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date