

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003210

FILED  
Jul 06, 2008  
Secretary of State

Entity Name: LANCAIR N915GM COMPANY, LLC

**Current Principal Place of Business:**

5654 OAKMONT AVENUE  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5654 OAKMONT AVENUE  
HOLLYWOOD, FL 33312

**New Mailing Address:**

FEI Number: 20-2173491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MIAMI CENTER REGISTERED AGENTS, LLC  
201 SOUTH BISCAYNE BOULEVARD, SUITE 1700  
MIAMI, FL 33131      US

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: PERETZ, STEVEN I  
Address: 5654 OAKMONT AVENUE  
City-St-Zip: HOLLYWOOD, FL 33312

Title: MGR      ( ) Delete  
Name: SCLAFANI, JIM  
Address: 520 COCONUT CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGR      ( ) Delete  
Name: MEADE, MICHAEL S  
Address: 3772 COVENTRY LANCE  
City-St-Zip: BOCA RATON, FL 33496

**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: STEVEN PERETZ

MR

07/06/2008

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