

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029075

Entity Name: D & E AIRCRAFT OF FLORIDA,LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

2618 PARK STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

2618 PARK STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 20-2645925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COONER, STEVE  
2618 PARK STREET  
LAKE WORTH, FL 33460 US

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

RUFFNER, J SCOT MGR  
2618 PARK STREET  
LAKE WORTH, FL 33460 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: J SCOT RUFFNER

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PATRICK, HARVEY O  
Address: 2618 PARK STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: COONER, STEVE  
Address: 2618 PARK STREET  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATRICK, HARVEY O  
Address: 2618 PARK STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR (X) Change ( ) Addition  
Name: COONER, STEVE  
Address: 2618 PARK STREET  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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: J SCOT RUFFNER

MGR

04/27/2006

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