

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90299 033 \*\*\*\*50.00

**DOCUMENT # L05000080612**

1. Entity Name

AMERIFLYERS OF FLORIDA, L.L.C.



Principal Place of Business

19 SOUTH LASALLE STREET, SUITE 1300  
CHICAGO IL 60603

Mailing Address

19 SOUTH LASALLE STREET, SUITE 1300  
CHICAGO IL 60603



2. Principal Place of Business

801 N.E 10th St

3. Mailing Address

16151 Addison Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Pompano FL

City & State

Addison TX

4. FEI Number

30-0331272

Applied For

Not Applicable

Zip

33060

Country

Dade

Zip

75001

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON FL 33331

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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME HUSER, DAVID  
STREET ADDRESS 3N040 POWIS ROAD  
CITY-ST-ZIP WEST CHICAGO IL 60185

TITLE MGRM ☐ Delete  
NAME LAWRENCE, HUGH  
STREET ADDRESS 3N040 POWIS ROAD  
CITY-ST-ZIP WEST CHICAGO IL 60185

TITLE MGRM ☐ Delete  
NAME COLE, JILL  
STREET ADDRESS 3N040 POWIS ROAD  
CITY-ST-ZIP WEST CHICAGO IL 60185

TITLE MGRM ☐ Delete  
NAME PLACA, STEVE  
STREET ADDRESS 3N040 POWIS ROAD  
CITY-ST-ZIP WEST CHICAGO IL 60185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* Controller Chris Hyzy 3/10/05 930-584-4700