



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90143 033 \*\*\*\*50.00

<b>DOCUMENT # L05000119201</b>					
<b>1. Entity Name</b> MCS AVIATION LLC					
<b>Principal Place of Business</b> 1319 JACKSON ST HOLLYWOOD, FL 33019			<b>Mailing Address</b> 1319 JACKSON ST HOLLYWOOD, FL 33019		
<b>2. Principal Place of Business</b> 5001 Fillmore St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5001 Fillmore St. Suite, Apt. #, etc.			
City & State Hollywood, FL Zip 33021		City & State Hollywood, FL Zip 33021		<b>4. FEI Number</b> 76-0809490	
Country USA		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHULTE, MATTHEW C 1319 JACKSON ST HOLLYWOOD, FL 33019				<b>7. Name and Address of New Registered Agent</b> Name: Matthew C Schulte Street Address (P.O. Box Number is Not Acceptable): 5001 Fillmore St. City: Hollywood FL Zip Code: 33021	
<b>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.</b> SIGNATURE: <u>Matthew C. Schulte</u> DATE: <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. SCHULTE, MATTHEW C 1319 JACKSON ST HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5001 Fillmore St Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Matthew C. Schulte</u>			Date: <u>2/16/06</u> Daytime Phone #: <u>954-920-3477</u>		