2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L99000001957 FLANZER AVIATION LLC

Principal Place of Business

415 L'AMBIANCE LONGBOAT KEY, FL 34228 Mailing Address

6. Name and Address of Current Registered Agent

C/O ERIC KAPLAN 335 MADISON AVENUE, 15TH FL NEW YORK, NY 10017

FILED Mar 08, 2006 08:00 AM **Secretary of State**



03032006 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4047727

Applied For Not Applicable

5. Certificate of Status Desired

MAR 3 - 2006

\$5.00 Additional Fee Required

Daytima Phone #

CR2E083 (11/05)

TRAWICK, HENRY P JR. 2033 WOOD STREET, SUITE 218 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

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, speed or printed marrie of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) OATE		
F	iling Fee is \$50,00 we by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	T
Title Mame Street address City-St-Zip	MGRM FLANZER, LOUIS 415 L'AMBIANCE LONGBOAT KEY, FL 34228	
TITLE NAME STILLET ADDITIESS CITY-ST-ZIP	MGRM FLANZER, GLORIA 415 L'AMBIANCE LONGBOAT KEY, FL 34228	900000459504 03/18/06-80034-024 50.08
TITLE NAME STREET AUDRESS CHY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
HILE NAME STREET ADDRESS CHY-ST-ZIP		
ITTLE 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 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.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE