## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L99000008348

Entity Name

THREE TEN AIRCRAFT LLC



OFFEB -2 AMII: 16

Principal Place of Business

5017 WINDMILL PALM TERRACE NE

ST. PETERSBURG, FL 33703

Mailing Address

5017 WINDMILL PALM TERRACE NE ST. PETERSBURG, FL 33703



# DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3617147

Applied For Not Applicable

5. Certificate of Status Desired

IN THIS SPACE

\$5.00 Additional Fee Required

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1**7**2-

# GILBERT, JOHN T. 5017 WINDMILL PALM TERRACE NE DO NOT WRITE

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

ST. PETERSBURG, FL 33703

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILBERT, JOHN T 5017 WINDMILL PALM TERRACE, NE ST. PETERSBURG, FL 33703
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NAME STP 21 ADDRESS CITY-ST-ZIP	

**50006417**0475 01/13/06--01006--017 \*\*25.00

> 500064170475 02/20/06--01035--015 \*\*25.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

ALJ SULT - John T. Gilbert - Manager
ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-29-06

Date

(127) 526-2857