

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003326

1. Entity Name
AIRCRAFT 23836 LLC



Principal Place of Business

**1900 SUMMIT TOWER BOULEVARD, SUITE 860
ORLANDO, FL 32810**

Mailing Address

**1900 SUMMIT TOWER BOULEVARD, SUITE 860
ORLANDO, FL 32810**

DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

05-0576131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIPPMAN, WAYNE D
2665 SOUTH BAYSHORE DRIVE, SUITE 1006
COCONUT GROVE, FL 33133**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LIPPMAN, WAYNE D
2665 SOUTH BAYSHORE DRIVE, SUITE 1006
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
THORNTON, W. JEPHTHA
1900 SUMMIT TOWER BOULEVARD, SUITE 860
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
THORNTON, SAM
1900 SUMMIT TOWER BOULEVARD, SUITE 860
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000125421
04/22/04-80084-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

W. Jephtha Thornton 4/22/04 4079167777