## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000003327

1. Entity Name AIRCRAFT 24283 LLC



Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BOULEVARD, SUITE 860 ORLANDO, FL 32810

1900 SUMMIT TOWER BOULEVARD, SUITE 860 ORLANDO, FL 32810

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



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1679902 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

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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.	

(NOTE Registered Agent signature required when reinstating)

\_\_\_\_\_

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. JEPTHA 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 MAME STREET ADDRESS CITY-ST-ZIP		

000000125395 04/22/04-80083-016 50.00

DATE

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11. Thereby 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 small 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHO

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 4