2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M03000003749

1. Entity Name
AIRCRAFT 23837, 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

04162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0571363
☐ 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

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIPPMAN, WAYNE D
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1006
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	THORNTON, W. JEPTHA
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD, SUITE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGRM
NAME	THORNTON, SAM
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD, SUITE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/04-80084-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Jeptha Thornton 4/20/04 9079167777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #