


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 23, 2005 8:00 am**  
**Secretary of State**

06-23-2005 90051 004 \*\*\*\*55.00

<b>DOCUMENT # M04000003542</b> 1. Entity Name AIRCRAFT 24248 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**



05032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-1512832	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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.

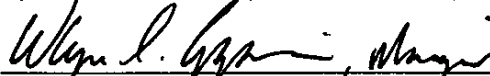
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

**Filing Fee is \$50.00  
Due by September 7, 2005**

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. JEPHA 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	

**DO NOT WRITE  
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)(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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 6/20/05	Daytime Phone # (305) 858-7707
--	-----------------	-----------------------------------