

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003195

1. Entity Name
AIRCRAFT 24668 LLC



Principal Place of Business
**1900 SUMMIT TOWER BOULEVARD STE 860
ORLANDO, FL 32810**

Mailing Address
**1900 SUMMIT TOWER BOULEVARD STE 860
ORLANDO, FL 32810**



03302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2949817

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
2865 SOUTH BAYSHORE DRIVE STE 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 retaking)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
LIPPMAN, WAYNE D
2865 SOUTH BAYSHORE DRIVE STE 1006
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
THORNTON, W. JEPHTHA
1900 SUMMIT TOWER BOULEVARD STE 860
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
THORNTON, SAM
1900 SUMMIT TOWER BOULEVARD STE 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

U00000549393
05/13/06-80019-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael Birdsell 4.26.06 407.916.7777