

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000007005**

1. Entity Name  
**AIRCRAFT 23172, LLC**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3824897</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LIPPMAN, WAYN D**  
**2665 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 \_\_\_\_\_ 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, 2006**

1100000540960  
 05/10/06-80040-007 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPPMAN, WAYNE D 2665 SOUTH BAYSHORE DRIVE STE 1006 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNTON, W. JEPHTA 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNTON, SAMUEL 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wayne D. Lippman, Manager      4/27/06      305-858-7077

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #