

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000007005

1. Entity Name
AIRCRAFT 23172, 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**



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3824897

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

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03/07/08-80013-022 143.75

**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 #

Wayne D. Lippman *Wayne D. Lippman* 2/21/08 (305) 858-7707