

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M05000007006 1. Entity Name AIRCRAFT 23225, LLC	
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Principal Place of Business 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810	Mailing Address 1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810
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04252006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3824418	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LIPPMAN, WAYNE D 2665 SOUTH BAYSHORE DRIVE STE 1008 COCONUT GROVE, FL 33133
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**DO NOT WRITE
IN THIS SPACE**

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

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

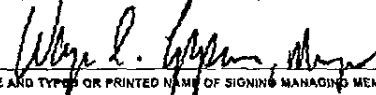
UN0000540961
05/10/06-80040-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPPMAN, WAYNE D 2665 SOUTH BAYSHORE DRIVE STE 1008 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNTON, W JEPHTHA 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/27/06** **305-858-7707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone