


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # M05000007006</b>		
1. Entity Name <b>AIRCRAFT 23225, LLC</b>		
Principal Place of Business <b>1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810</b>	Mailing Address <b>1900 SUMMIT TOWER BOULEVARD STE 860 ORLANDO, FL 32810</b>	



02212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3824418</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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, WAYNE 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 JEPHTA
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	

U0000008409336  
03/07/08-80013-023 143.75

**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:** Wayne D. Lippman Wayne D. Lippman 2/21/08 (305) 858-7707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #