

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # M05000007007**

1. Entity Name  
**AIRCRAFT 24379, 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**



04192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3681387**

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  
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

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

**000000540958  
05/10/06-80040-005 55.00**

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	

**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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/27/06**

Date

**205-458-7707**

Daytime Phone #