

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # M05000007033

1. Entity Name
AIRCRAFT 23952, LLC



Principal Place of Business

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

Mailing Address

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



03302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3965814

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 SUITE 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**

000000564603
05/20/06-80081-013 50.00

9. MANAGING MEMBERS/MANAGERS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/10/06

Date

407.916.7777

Daytime Phone #