

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M05000007035

1. Entity Name
AIRCRAFT 27212, 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**



03302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3965303

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIPPMAN, WAYNE D
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE SUITE 1006
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	THORNTON, W. JEPHTA
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD SUITE 860
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MGRM
NAME	THORNTON, SAMUEL
STREET ADDRESS	1900 SUMMIT TOWER BOULEVARD SUITE 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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05/10/06-80085-020 50.00

**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 606, Florida Statutes.

SIGNATURE

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

Date

Daytime Phone If

Michael Birdsall **Michael Birdsall** 4.26.06 407.916.7777