


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 024 \*\*\*\*\*50.00

**DOCUMENT # L01000020093**

1. Entity Name  
**REDHORN AVIATION, L.L.C.**



Principal Place of Business  
**108 SOUTH MIAMI AVENUE, 2ND FLOOR  
 MIAMI, FL 33130**

Mailing Address  
**108 SOUTH MIAMI AVENUE, 2ND FLOOR  
 MIAMI, FL 33130**

**60014003**

2. Principal Place of Business  
**1101 BRICKELL AVE  
 SUITE 800 N**

3. Mailing Address  
**1101 BRICKELL AVE  
 SUITE 800 N**

Suite, Apt. #, etc.  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33131**

Country  
**USA**



02062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent  
**SILVER & SILVER  
 C/O MAX SILVER  
 150 S.E. 2ND AVENUE, SUITE 500  
 MIAMI, FL 33131**

4. FEI Number  
**65-1154356**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name **RICHARD M. KWAL  
 C/O KWAL + OLIVA CPAs**

Street Address (P.O. Box Number is Not Acceptable)  
**1101 BRICKELL AVE  
 SUITE 800 N**

City **MIAMI** State **FL** Zip Code **33131**

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 *Richard M. Kwal* *Richard M. Kwal* *2/6/06*  
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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTA, L.L.C. 108 SOUTH MIAMI AVENUE, 2ND FLOOR MIAMI, FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BROWARD GROUP, L.L.C. 4839 SW 148 AVENUE, SUITE 458 DAVIE, FL 33330 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTA LLC 1101 BRICKELL AVE, SUITE 800 N MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* *2/7/06* *305-661-0256*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #