2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90318 026 ****50.00

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1. Entity Name
ODYSSEY AVIATION, LLC

Principal Place of Business	Mailing Address
1700 SEAPORT BLVD. 4TH FLOOR REDWOOD CITY, CA 94043	C/O MARIO G. DE MENDOZA, III 112765 FOREST HILL BLVD., #1302 WELLINGTON, FL 33414

2. Principal Place of Business		3. Mailing Address	
1700 Seaport Blvd.		c/o Mario G. de Mendoza, III	
Suite, Apt. #, etc.: 4th Floor		Suite, Apt. #, etc.: 12765 Forest Hill Blvd, #1302	
City & State: Redwood City, California		City & State: Wellington, Florida	
Zip: 94063	Country: USA	Zip: 33414	Country: USA

01202004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-0745273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD., #1302 WELLINGTON, FL 33414	Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Boulevard Suite 1302 City: Wellington FL Zip Code: 33414

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. Mario G. de Mendoza, III, P.A.

SIGNATURE [signature], Mario G. de Mendoza, III, President 2/13/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	ARMSTRONG, HARVEY L	NAME	Armstrong, Harvey L.
STREET ADDRESS	1700 SEAPORT BLVD., 4TH FLOOR	STREET ADDRESS	1700 Seaport Blvd., 4th Floor
CITY-ST-ZIP	REDWOOD CITY, CA 94043	CITY-ST-ZIP	Redwood City, CA 94063
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature], Harvey L. Armstrong, Manager 2/18/04 (650) 210-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #