

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90071 021 ***138.75

DOCUMENT # M02000002347	
1. Entity Name ODYSSEY AVIATION, LLC	

Principal Place of Business 1515 PERIMETER RD WEST PALM BEACH, FL 33406	Mailing Address C/O HARVEY L. ARMSTRONG 1700 SEAPORT BLVD., 4TH FLOOR REDWOOD CITY, CA 94063
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00003676

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1080 MARSH ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100	
City & State		City & State MENLO PARK, CA	
Zip	Country	Zip 94025	Country



01152008 Chg-LLC CR2E083 (12/06)

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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, HARVEY L 1700 SEAPORT BLVD., 4TH FLOOR REDWOOD CITY, CA 94063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, HARVEY L 1080 MARSH ROAD, SUITE 100 MENLO PARK, CA 94025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Harvey L. Armstrong, mgr 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #