FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92172 001 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002347

1. Entity Name
ODYSSEY AVIATION, LLC

Principal Place of Business	Mailing Address
~~2025 GARCIA AVENUE~~	~~2025 GARCIA AVENUE~~
~~MOUNTAIN VIEW, CA 94043~~	~~MOUNTAIN VIEW, CA 94043~~

☒ CHECK HERE IF MAKING CHANGES

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

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	Name: Mario G. de Mendoza, III, P.A.
12765 FOREST HILL BLVD., #1302	Street Address (P.O. Box Number Is Not Acceptable): 12765 Forest Hill Blvd., Suite 1302
WELLINGTON, FL 33414	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.

SIGNATURE: [signature], Mario G. de Mendoza, III, President 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE UBR WITH FEE: $50.00
Make Check Payable to Florida Department of State
[illegible]

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	ARMSTRONG, HARVEY L		NAME	ARMSTRONG, HARVEY L	
STREET ADDRESS	2025 GARCIA AVENUE		STREET ADDRESS	1700 SEAPORT BLVD., 4TH FLOOR	
CITY-ST-ZIP	MOUNTAIN VIEW, 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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: [signature] Harvey L. Armstrong, Manager (650) 210-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #