

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 037 ***150.00

DOCUMENT # F05868
AIR GULFSTREAM AIRLINES INC.
45 BROWARD AV
WEST PALM BEACH
FL 33407-6101

2045 BROWARD AV
WEST PALM BEACH
FL 33407-6101
3. Mailing Address
135 EL MIRASOL DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: WEST PALM BEACH FL
City & State: PALM BEACH FL
4. FEI Number: 59-2696227
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSTON, HARRY A. II
2045 BROWARD AVENUE
WEST PALM BEACH FL
7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinsuring) DATE
10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
ST-ZIP	ROBERSON, CAROLYN 135 EL MIRASOL DR PALM BEACH FL 33480	STREET ADDRESS	
ST-ZIP	ROBERSON, CLIVE E. 135 EL MIRASOL DR PALM BEACH FL 33480	CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
ST-ZIP		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Clive E. Roberson* 6-22-00 561 835 6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Attachment
D# F05868
DW67664

6-22-00

Div. of Corporations
Registration Section
Box 6327

Jallahussee FL
32314

Re 2006
UBR

Dear Sir:

for 59-2696227

I did not receive my printed form to be filed before May 1.

I received a copy of the blank form from my accountant as soon as I was aware. I am filing today with the form the accountant sent me by fax so as to get it in ASAP.

Please contact me if there is any problem. This is the first time I have been late filing but by not receiving the form I am now concerned about it.

Sincerely,

Cline Robinson

561 835 6868

or Carolyn

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