2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010635

1. Entity Name

ORANGE AIRWAYS, L.L.C.

Principal Place of Business	Mailing Address
10151 DEEDWOOD PK BLVD BLDG 100. STE 410 JACKSONVILLE FL 32256	10151 DEEDWOOD PK BLVD BLDG 100. STE 410 JACKSONVILLE FL 32256

2. Principal Place of Business
9995 Gate Parkway

Suite, Apt. #, etc.
Suite 400

City & State
Jacksonville, FL

Zip 32246   Country USA

3. Mailing Address
9995 Gate Parkway

Suite, Apt. #, etc.
Suite 400

City & State
Jacksonville, FL

Zip 32246   Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2266757   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C ESQ
10151 DEERWOOD PARK BLVD
BLDG 100 SUITE 410
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Koegler, Steven C.

Street Address (P.O. Box Number is Not Acceptable)
9995 Gate Parkway

Suite 400

City
Jacksonville   FL   Zip Code 32246

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	DPST	☐ Delete	
NAME	KOEGLER, STEVEN C		
STREET ADDRESS	10151 DEER WOOD PARK BLVD B-100 STE 410		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
TITLE	DV	☐ Delete	
NAME	YOUNG, SETH		
STREET ADDRESS	227 STANDISH DR.		
CITY-ST-ZIP	ORMOND BEACH FL 32176		
TITLE	DV	☐ Delete	
NAME	TERHES, PAUL		
STREET ADDRESS	371 SHAW RD		
CITY-ST-ZIP	RIDLEY PARK PA 19078		

10. ADDITIONS/CHANGES

	☒ Change	☐ Addition
TITLE		
NAME		
STREET ADDRESS	9995 Gate Parkway, Ste 400	
CITY-ST-ZIP	Jacksonville, FL 32246	

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: _____ Pres.   2/19/03   (904) 996-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #