LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

May 27, 2002 8:00 am Secretary of State **DOCUMENT** # L01000001883 05-27-2002 90406 029 ***100.00 1. Entity Name CHOPPER ONE HELICOPTERS, L.L.C. DO NOT WRITE IN THIS SPACE 967921 3. Mailing Address Principal Place of Business 3200 N.W. 125th Street 3200 N.W. 125th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami, Applied Far 4. FEI Number City & State Miami, Florida Applied for Florida Not Applicable Country USA \$5.00 Additional Country ^{Zig}3167 5. Certificate of Status Desired $3\frac{7}{3}$ 167 Fee Required 7. Name and Address of Current Registered Agent Name Keith H. Stolzenberg, Esq. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1101 Brickell Ave., Ste. 1400 City Miami ' 33131 rpose of changing its registered office or registered agent, or both, in the State of Florida. 104 Keith H. Stolzenberg SIGNATURE Signature, FEE IS \$50.00 Make Chack Payable to Department of State **DUE BY MAY I** MANAGING MEMBERS/MANAGERS 9. Manager
HAMERSMITH, HENRY
STREET ADDRESS
3200 N.W. 125th Street 120 THE NAME STREET ADDRESS COY-SI-AF Miami, Florida 33167 CITY-ST-ZIP me TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP tati é TITLE NAME MARIE STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-7IP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CAY-SI-ZIP CITY- ST-7IP MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST 7IP CITY-ST-ZIP mu TITLE NAME STREET ADDRESS STREET ADERESS CITY, ST-2IP 11. I hereby certify that the information supplied with this filling 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. (305)687-6457 Henry Hamersmith SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED