2005 LIMITED LIABILITY COMPANY

Mar 15, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000010327 1. Entity Name OSHER AVIATION, LLC Mailing Address Principal Place of Business 50 N. LAURA STREET, SUITE 2750 50 N. LAURA STREET, SUITE 2750 C/O BRANT, ABRAHAM, REITER C/O BRANT, ABRAHAM, REITER JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 CR2E083 (10/03) 01172005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1126745 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. DO NOT WRITE 50 N. LAURA ST., STE. 2750 JACKSONVILLE, FL 32202 IN THIS SPACE 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 DATE (NOTE, Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 1100000263964 03/15/05-80007-016 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME OSHER, JOHN D 144 BEAR CLUB DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is into 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 of the section of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> 95 ·5616300555 Daytime Phone #

FILED

Manager