## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000020805

City-St-Zip:

Entity Name: GLOBAL FLIGHT SERVICES, LLC

**FILED** Feb 15, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4600 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 4600 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 US FEI Number: 02-0535862 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEFFMAN, TAMRA 4600 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NEMSER, BENJAMIN Name: Name: 12240 NE 14TH AVENUE Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NEMSER, JOSHUA Name: Name: Address: 12240 NE 14TH AVENUE Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition SHEFFMAN, TAMRA Name: Name: Address: 4600 ROYAL PALM AVE. Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: BLASI, PATRICIA Name: 3800 NE 209TH TERRACE Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BORTOLIN, SONIA Name: Name: 2025 NE 164TH STREET #409 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition BOWMAN, DAVID OLIN, DAVID Name: Name: Address: 9043 SW 65 TERR Address: 2301 COLLINS AVE. #411 MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

MIAMI BEACH, FL 33139

SIGNATURE: TAMRA SHEFFMAN **MGRM** 02/15/2006