
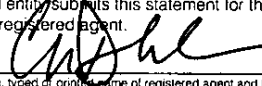



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90072 009 \*\*\*\*50.00

DOCUMENT # L02000002218					
1. Entity Name ISLAND TIME AIR, LLC					
Principal Place of Business 777 YAMATO RD., STE 510 BOCA RATON, FL 33431			Mailing Address 777 YAMATO RD., STE 510 BOCA RATON, FL 33431		
2. Principal Place of Business <b>24 HIDDEN HARBOUR DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>24 HIDDEN HARBOUR DR</b> Suite, Apt. #, etc.			
City & State <b>GULF STREAM, FL</b> Zip <b>33483</b>		City & State <b>GULF STREAM, FL</b> Zip <b>33483</b>		4. FEI Number 90-0009237	
Country <b>USA</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHEELER, CHRIS D 777 YAMATO RD., STE 510 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name <b>WHEELER, CHRIS D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 HIDDEN HARBOUR DR</b> City <b>GULF STREAM</b> FL Zip Code <b>33483</b>		
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  <b>CHRIS D. WHEELER MGRM</b> <b>JULY 29, 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, CHRIS D 777 YAMATO RD., STE 510 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, CHRIS D 24 HIDDEN HARBOUR DR GULF STREAM, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>CHRIS D. WHEELER MGRM</b> <b>JULY 29, 2006 (561) 504-6436</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					