

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90004 041 \*\*\*\*50.00

**DOCUMENT # L02000002218**

1. Entity Name

ISLAND TIME AIR, LLC



Principal Place of Business

6551 PARK OF COMMERCE BLVD.  
SUITE 100  
BOCA RATON FL 33487

Mailing Address

6551 PARK OF COMMERCE BLVD.  
SUITE 100  
BOCA RATON FL 33487

2. Principal Place of Business

777 Yamato Road  
Suite, Apt. #, etc.  
SUITE 510

3. Mailing Address

777 Yamato Road  
Suite, Apt. #, etc.  
SUITE 510

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEL Number

90-0009237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WHEELER, CHRIS D  
6551 PARK OF COMMERCE BLVD.  
SUITE 100  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

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

777 Yamato Road  
SUITE 510

City

Boca Raton

FL

Zip Code

33431

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 the registered agent.

SIGNATURE

*[Signature]*

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **Chris D. Wheeler**  
STREET ADDRESS **777 Yamato Road, Suite 510**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

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

3/10/03 (561)997-9700

Date

Daytime Phone #

CR2E083 (10/02)