


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-03-2006 90072 010 \*\*\*\*50.00

<b>DOCUMENT # L02000005792</b>	
1. Entity Name <b>PROFESSIONAL FLIGHT MANAGEMENT, LLC</b>	

40051541



07292006 Chg-LLC CR2E083 (11/05)

Principal Place of Business <b>777 YAMATO ROAD STE 510 BOCA RATON, FL 33431</b>	Mailing Address <b>777 YAMATO ROAD STE 510 BOCA RATON, FL 33431</b>
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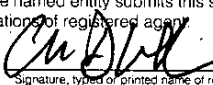
2. Principal Place of Business <b>24 HIDDEN HARBOUR DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>24 HIDDEN HARBOUR DR</b> Suite, Apt. #, etc.
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City & State <b>GULF STREAM, FL</b>	City & State <b>GULF STREAM, FL</b>
Zip <b>33483</b>	Country <b>USA</b>
Zip <b>33483</b>	Country <b>USA</b>

4. FEI Number <b>01-0625410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

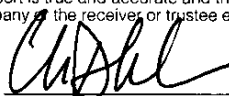
6. Name and Address of Current Registered Agent <b>ISLAND TIME AIR, LLC 777 YAMATO ROAD STE 510 BOCA RATON, FL 33431</b>	
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7. Name and Address of New Registered Agent Name <b>ISLAND TIME AIR, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 HIDDEN HARBOUR DR</b> City <b>GULF STREAM, FL</b> Zip Code <b>33483</b>	
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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 	DATE <b>JULY 29, 2006</b>

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND TIME AIR, LLC. 777 YAMATO ROAD STE 510 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND TIME AIR, LLC 24 HIDDEN HARBOUR DR GULF STREAM, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, CHRIS D 777 YAMATO ROAD 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

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: 	DATE <b>JULY 29, 2006</b> DAYTIME PHONE <b>(561) 504-6436</b>