2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005792

1. Entity Name PROFESSIONAL FLIGHT MANAGEMENT, LLC



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

24 HIDDEN HARBOUR DR. GULF STREAM, FL 33483

Mailing Address

24 HIDDEN HARBOUR DR. GULF STREAM, FL 33483



DO NOT WRITE IN THIS SPACE

01132007 No Chg-LLC CR2E083

CR2E083 (11/05)

4. FEI Number 01-0625410

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ISLAND TIME AIR, LLC 24 HIDDEN HARBOUR DR. GULF STREAM, FL 33483

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISLAND TIME AIR, LLC. 24 HIDDEN HARBOUR DR. GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, CHRIS D 24 HIDDEN HARBOUR DR. GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 adcurate 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 me receive of trusted employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PHINTED JAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-14-07

(561) 504-6431

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