## FILED Apr 04, 2003 8:00 am Secretary of State

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2003 LIMI	TED	LIABII	LITY	COM	PANY
UNIFORM	BUS	INESS	REP	ORT	(UBR)

DOCUMENT # L0200005792  1. Entity Name				03-14-2003 90004 031 ****5	0.00				
PROFESSIONAL FLIGHT MANAGEMENT, LLC									
Principal Place	ce of Business	Mailing Address		<u> </u>					
Principal Place of Business Mailing Address  6551 PARK OF COMMERCE BLVD SUITE 100  BOCA RATON FL 33487  Mailing Address  6551 PARK OF COMMERCE B  BOCA RATON FL 33487		BLVD SUITE 100							
2. Principal Place of Business Road 3. Mailing Address		mato Ro							
Suite, Apt. #,letc. SUITE 510 Suite, Apt. #, etc. SUITE 510				CHECK HERE IF MAKING CHANGES					
Sec	Boca RATON, FL Boca PATO		N. H	1 . 70003417	ed For pplicable				
334	<del> </del>	<sup>zi</sup> 33431	Country	5. Certificate of Status Desired	nal				
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent					
ISLAND TIME AIR, LLC									
6551 PARK OF COMMERCE BLVD., SUITE 100 BOCA RATON FL 33487			Street Addre	ass (P.O. Box Numberals Not Acceptable)					
		•	50	1172 510					
	^		City	oca RATON FL ZIPCON	31				
8. The above name entry subhits this great 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 registractions.									
SIGNATURE	Signature/hyped or printed name of specified against	d title If applicable. (NOTE: Re	agistered Agent signature rec	quired when reinstating) DATE	— İ				
· ·		FILE NOW	/!!! FEE IS \$50.0	00					
		Make Check Payable 1	to Florida Depart By May 1, 2003	ment of State	}				
9.	MANAGING MEMBER		y may 1, 2003	ADDITIONS (OLIANOES					
TITLE	MEMRER - MANAG	men nem Delate	TILE TILE	ADDITIONS/CHANGES  Change [	Addition &				
NAME STREET ADORESS	ISLAND TIME AIR	· LUL	NAME		2				
CITY-ST-ZIP	Bora Raton 72	33431	STREET ADDRESS City-St-Zip		S.				
TITLE	MANAGING MEMBE	R □ Delete	TITLE	☐ Change ☐	Addition Section				
NAME STREET ADDRESS	Chris D. Wheeler		NAME STREET ADORESS						
CITY-ST-ZIP	777 Yamato Road,	33431	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	☐ Change	Addition :				
STREET ADDRESS		terrene - municipal de la company de la comp	STREET ADDRESS	and the second s					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition [				
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TITLE	·	□ Oelete	TITLE	☐ Change ☐	Addition				
NAME STREET ADDRESS		<b>]</b>	NAME Street address		\				
CITY-ST-ZIP		,	CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	Change	Addition				
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	and the state of t		CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filting 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.  I SLAND TIME RIP, LLC HS MANAGING MEMBER  COLOR OF THE PROPERTY OF THE PROPERT									
SIGNATURE: DO . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INSTANCES DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INSTANCES DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INSTANCES DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INSTANCES DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INSTANCES DESIGNATURE									
Chris D. Wheeler, MANAGING MEMBER									