

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-19-2003 90064 005 ****50.00

FILE# L02000021551

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 AM 9:30

DOCUMENT # L02000021551

1. Entity Name

EXECUTIVE SKYSHARE, L.L.C.



Principal Place of Business

Mailing Address

321 N. CRYSTAL LAKE DRIVE, STE. 205
ORLANDO FL 32803

321 N. CRYSTAL LAKE DRIVE, STE. 205
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

645 VALHALLA WAY
Suite, Apt. #, etc.
#109

645 VALHALLA WAY
Suite, Apt. #, etc.
#109

City & State

City & State

LAKE MARY, FL
Zip 32746 Country USA

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Zip 32746 Country USA

4. FEI Number

Applied For

16-1622947

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRASBERG, MICHAEL J.
321 N. CRYSTAL LAKE DRIVE, STE. 205
ORLANDO FL 32803

Name RONALD B. STRASBERG
Street Address (P.O. Box Number is Not Acceptable)
645 VALHALLA WAY #109
City LAKE MARY FL Zip Code 32746

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]

RONALD B. STRASBERG

9/13/03

Signature, typed or printed 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT MGRM
STREET ADDRESS	RONALD B. STRASBERG
CITY-ST-ZIP	645 VALHALLA WAY #109 LAKE MARY, FL 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	MICHAEL SHANKMAN
CITY-ST-ZIP	61 DISBROW CIRCLE NEW ROCHELLE, NY 10804
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	ROBERT A. STRASBERG
CITY-ST-ZIP	301 OCEAN DR. MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	TREBEL SARAH STRASBERG
CITY-ST-ZIP	301 OCEAN DR. MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] RONALD B. STRASBERG

9/13/03

407-304-8819

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

Date

Daytime Phone

CR2E083 (4/03)