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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
2003 NOV -3 PM 12:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025160

1. Entity Name
PEGASUS AIRBORNE PARTNER, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1500 NW 49TH STREET	1500 NW 49TH STREET
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: FT LAUDERDALE FL	City & State: FT LAUDERDALE FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1848219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES WALDMAN

Street Address (P.O. Box Number is Not Acceptable): 1500 NW 49TH STREET

City: FT LAUDERDALE FL Zip Code: 33309

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: James Waldman DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME Dr Arthur Keiser STREET ADDRESS 1500 NW 49th Street, #301 CITY-ST-ZIP Ft. Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083B (12/02)

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.

MARK STEIN
SIGNATURE: Mark Stein 5/30/03 954-776-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #