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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
2003 NOV -3 PM 12:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025502

1. Entity Name
PEGASUS 115, 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 14-1848214 ☐ Applied For ☐ Not Applicable

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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Pegasus Airborne Partner LLC	NAME	
STREET ADDRESS	1500 NW 49th Street, #301	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	115 Partner LLC	NAME	
STREET ADDRESS	600 Brickell Ave, Ste 400	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 5/30/03 954-776-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #