LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

L02000033654

1. Entity Name

BLUE SKY AVIATION LLC



May 12, 2003 8:00 am Secretary of State 05-12-2003 90088 012 ****50.00

1010/170

DO NOT WRITE IN THIS SPACE

				10104100	
all a carta, articitation for a district	Place of Business	3. Mailing Address			
		417 FIFTH A	NEWNE		
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
		9th Flo	cr		
City & State City & State			C vi	4. FEI Number	Applied For
New York. My New York			NY	22-3886178	Not Applicable
Zip	Country	Zip 0016	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
1001	6 J O3H	1		7. Name and Address of Current Registere	
en grade de la companya de la compa			Name A		A Agent
DO NOT WRITE			ANTHONY JUHNS		
			Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE	no managa. Si		
	// // //	$-\pi$	City	PARM BEACH FI	L Zip Code
8 The above	e named entity submits this tatement for	be purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I am	
	tions of registered agent	Parpasyor changing	na registered office of registr	order agong or bottly in the state of Florida, Fam	, , , and dooopt
_	1 / ////	<i>#</i>			-17/12
SIGNATURE	Signature, typed or printed name of registered again a	nd title if applicable.		DATE	11/02
			FEE IS \$50.00		<u></u>
`		Make Check Pays	ible to Florida Departm	ent of State	
			DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS				1843 of 1940 (17 18 18 18 18 18 18 18 18 18 18 18 18 18	
TITLE 3	MORA	13/ WIANAGE 113	nite I		
NAME	JOG CAVRE		NAME		
STREET ADDRESS	417 SA AVE		STREET ADDRESS		
CITY-ST-ZIP	1001 VIA 16016		CITY-ST-ZIP		
TITLE	mee .		IIILE		
NAME	JACK CAYRE		NAME		
STREET ADDRESS	417 SEE AVG		STREET ADDRESS		
CITY-ST-ZIP	MA WA FOOT		· CITY-ST-ZIP		
TITLE	mak	<u></u>	TITLE	gana kanganan kangan salah salah Salah salah sa	
NAME	MICHAEL CHYRE		' NAME "		A STATE OF THE STA
STREET ADDRESS	417 Sth AVE		STREET ADDRESS	DO_NOT WRI	TE
CITY-ST-ZIP	NY NY 10016		CHY-ST-ZIP.		1 3 4 4 7 7 7 4 1 1 1 1 1 1 1 1 1 1
TITLE	MGR		TITLE	IN THIS SPA	Ω E
NAME	STEVEN CAYKE- TRUST		NAME		V <u> </u>
STREET ADDRESS	417 SHR ALLE		STREET ADDRESS		
CITY-ST-ZIP	NY NY 10016		CITY-ST-2IP	1900 ja ja kara katan kan lain lain kunta kan katan katan katan kan katan kan katan katan katan katan katan ka Katan katan ka	
TITLE NAME	Mer		TITLE		
STREET ADDRESS	DAMEL CAYRE-TRUST		STREET ADDRESS		
CITY-ST-ZIP	1417 STE AUE NY MY 10016		CITY-ST-ZIP		
TITLE	MGR		TILE		
NAME	GRACE CAYRE-TRUST		NAME		
STREET ADDRESS	411 SHR AUG		STREET ADDRESS		
CHTV_CT_7IP	1. 11. 11.		CITY CT 7ID		

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

HL02000033654

Title	Mgr	
Name	Anthony Johns	
Street Address	110 Mayorca Ct	
City, State, Zip	Royal Palm Beach, Fl 33411	