


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8:48

DOCUMENT # L03000019325 1. Entity Name STAR FLIGHT SERVICES, L.L.C.					
Principal Place of Business 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609			Mailing Address 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		
2. Principal Place of Business 340 6TH AVE Suite, Apt. #, etc.		3. Mailing Address 340 6TH AVE Suite, Apt. #, etc.			
City & State LABELLE, FLA.		City & State LABELLE, FLA.		4. FEI Number 04-3797796	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name <u>KIRKPATRICK CHARLES H.</u> Street Address (P.O. Box Number is Not Acceptable) <u>340 6TH AVE</u> City <u>LABELLE</u> FL <u>33935</u>		
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 <u>Charles H. Kirkpatrick</u> DATE _____ <small>Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <u>MGRM</u> <input checked="" type="checkbox"/> Delete NAME <u>BAXLEY, MILTON H</u> STREET ADDRESS <u>4610 NW 13TH AVE</u> CITY-ST-ZIP <u>GAINESVILLE, FL 32605</u>			TITLE <u>MGRM</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>KIRKPATRICK, CHARLES H.</u> STREET ADDRESS <u>340 6TH AVE.</u> CITY-ST-ZIP <u>LABELLE, FLA. 33935</u>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Charles H. Kirkpatrick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			11-6-06 863-675-3723 <small>Date Daytime Phone #</small>		