2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000028003

1. Entity Name

WILKES HELICOPTER SERVICES LLC



FILED Jul 05, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1588 PARK LANE

FERNANDINA BEACH, FL 32034 US

1588 PARK LANE

FERNANDINA BEACH, FL 32034

US



07012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0121291 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

	•		•	
WILKES, CLYDE H 1588 PARK LANE FERNANDINA BEACH, FL 32034			DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name at registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
Due I	ling Fee is \$50.00 by September 7, 2005	:		
9.	MANAGING MEMBERS/MANAGERS		·	
NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKES, CLYDE H 1588 PARK LANE FERNANDINA BEACH, FL 32034		U00000370792 07/05/05-80032-003 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKES, ELIZABETH G 1588 PARK LANE FERNANDINA BEACH, FL 32034	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS		IN	THIS SPACE	

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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED ON PAINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

G. Wilkes

Daytime Phone #