2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L04000021655

Entity Name: OLD CITY HELICOPTERS, LLC

Current Principal Place of Business:

4900 US 1 NORTH
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

4900 US 1 NORTH
SUITE 400
ST. AUGUSTINE, FL 32095

Current Mailing Address:

4900 US 1 NORTH
ST. AUGUSTINE, FL 32095

New Mailing Address:

4900 US 1 NORTH
SUITE 400
ST. AUGUSTINE, FL 32095

FEI Number: 03-1991690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERLLENEVICH, ANDRES L
4900 US 1 NORTH
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

KERLLENEVICH, ANDRES L
4900 US 1 NORTH
SUITE 400
ST. AUGUSTINE, FL 32095 US

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.

SIGNATURE: _____ 01/19/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KERLLENEVICH, ANDRES L
Address: 4900 US I NORTH
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KERLLENEVICH, ANDRES L
Address: 4900 US I NORTH, SUITE 400
City-St-Zip: ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDRES L. KERLLENEVICH MGRM 01/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date