


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90025 031 ***138.75

| | |
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| DOCUMENT # L04000059970 |  |
| 1. Entity Name GH HELICOPTER BROKERS, LLC | |

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|---|---|
| Principal Place of Business ONE SOUTHEAST THIRD AVENUE 3100 MIAMI FL 33131 | Mailing Address ONE SOUTHEAST THIRD AVENUE 3100 MIAMI FL 33131 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 800 Brickell Ave. | 3. Mailing Address 800 Brickell Ave. |
| Suite, Apt. #, etc. PH 1 | Suite, Apt. #, etc. PH 1 |
| City & State Miami FL | City & State Miami FL |
| Zip 33131 | Country US |

1st MOORE CR2E083 (10/07)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent ANGELO, BARRY & BANTA, P.A. 515 E. LAS OLAS BOULEVARD SUITE 850 FORT LAUDERDALE FL 33301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave. City Miami FL Zip Code 33131 |
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TRACY, GRANVIL ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 800 Brickell Ave PH 1 Miami FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GRANVIL TRACY

4/14/08

205-350-1994

Date

Daytime Phone #