2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State **DOCUMENT # L05000077127** 04-10-2006 90039 031 ****50.00 1. Entity Name JWS AIR SERVICES, LLC Principal Place of Business Mailing Address 15161 S.W. 71ST COURT 15161 S.W. 71ST COURT 20026894 MIAMI, FL 33158 MIAMI, FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For **~@**-327 387 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRYSTAL, NEIL R ESQ. C/O DUNWODY WHITE & LANDON, P.A. Street Address (P.O. Box Number is Not Acceptable) 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE □ Change ☐ Addition SIEGEL, PAUL H NAME NAME STREET ADDRESS 15161 S.W. 71ST COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33158 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 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.

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

FILED

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