

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90272 044 \*\*\*\*55.00

<b>DOCUMENT # L05000095486</b>					
<b>1. Entity Name</b> BAYSHORE HELICOPTER, LLC					
<b>Principal Place of Business</b> 11122 SW 132 COURT MIAMI, FL 33186 US			<b>Mailing Address</b> 11122 SW 132 COURT MIAMI, FL 33186 US		
<b>2. Principal Place of Business</b> 11122 SW 132nd Court Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11122 SW 32nd Court Suite, Apt. #, etc. #3			
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>		02232006 Chg-LLC CR2E083 (11/05)	
Zip <b>33186</b>		Country <b>USA</b>		4. FEI Number <b>76-0801332</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MARTINEZ, JOHN 11122 SW 132 COURT MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name <b>John Martinez</b> Street Address (P.O. Box Number is Not Acceptable) <b>11122 SW 132nd Court, # 3</b> City <b>Miami, Florida</b> <b>FL</b> Zip Code <b>33186</b>		
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, JOHN 11122 SW 132 COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martinez, John 11122 SW 132nd Court, # 3 Miami, Florida 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CONRAD 11122 SW 132 COURT MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Martinez, Conrad 11122 SW 132nd Court, # 3 Miami, Florida, 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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.					
<b>SIGNATURE:</b> _____			3-08-06 786-312-3795		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		