

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103163

Entity Name: AIRTIME ONE, LLC

FILED  
Jul 05, 2006  
Secretary of State

**Current Principal Place of Business:**

2220 STILLINGTON STREET  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

2220 STILLINGTON STREET  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 20-3711833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FOREST, REBECCA H ESQ  
SHUFFIELDLOWMAN  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARTER, CHARLES M  
Address: 2220 STILLINGTON STREET  
City-St-Zip: ORLANDO, FL 32835

Title: MGR ( ) Delete  
Name: CARTER, WILLIAM L  
Address: 2220 STILLINGTON STREET  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES M. CARTER

MR.

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date