


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120471 1. Entity Name SAFE FLIGHT, LLC	
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Principal Place of Business 1125 E. MOREHEAD SUITE 103 CHARLOTTE, NC 28204	Mailing Address 1125 E. MOREHEAD SUITE 103 CHARLOTTE, NC 28204
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01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3960481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303
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**DO NOT WRITE
IN THIS SPACE**

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 <i>Philip R. Thomas</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>1/22/08</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, PHILIP 1125 E. MOREHEAD, SUITE 103 CHARLOTTE, NC 28204
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01/29/08-80033-019 138.75

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IN THIS SPACE**

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.	
SIGNATURE: <i>Philip R. Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>1/22/08</i> DAYTIME PHONE # <i>(704) 377-7588</i>