

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030929

FILED  
May 09, 2007  
Secretary of State

Entity Name: SKYLINE JETS, LLC

**Current Principal Place of Business:**

FORT LAUDERDALE INTERNATIONAL AIRPORT  
1100 LEE WAGERNER BLVD., SUITE 212  
FT. LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

**Current Mailing Address:**

FORT LAUDERDALE INTERNATIONAL AIRPORT  
1100 LEE WAGERNER BLVD., SUITE 212  
FT. LAUDERDALE, FL 33315 US

**New Mailing Address:**

FEI Number: 20-4572234      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:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL FL US

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

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: FEIFFER, THOMAS A  
Address: 400 ALTON ROAD # 805  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FEIFFER, THOMAS A  
Address: 400 ALTON ROAD # 907  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS FEIFFER

MGR

05/09/2007

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