2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name JETSTAR AVIATION SERVICES, LLC						04-30-2007 90051 020 ****50.00				
Principal Place of Business 18001 COLLINS AVENUE 31ST FL		Mailing Address 18001 COLLINS AVENUE 31ST FL		BIST FL		60043707				
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	ace of Business No P.O. Box#	3. Mailing Address 18 001 Coll.NS AV								
Suite, Apt. #, etc. 1020 NW 62 nd St.		Suite, Apt. #, etc. 3/st FLOUR		04:	42007 Chg-	LLC CF	R2E083 (12/06)			
City & State	avderdale FL		Islan i		2 <i>p</i> 4. F	D0-549	7900	 	oplied For ot Applicable	
² 933	O9 Country	Zip 0	60 6	Country	5. (ertificate of Status	Desired	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134				Street Ad	dress (P.O. B	(P.O. Box Number is Not Acceptable)				
				City	City FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of ch	nanging its reg	istered office or r	egistered ag	nt, or both, in the	State of Florida.	I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Rec	gistered Agent signature	e required when re	nstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State					
9.	MANAGING MEMBER	RS/MANAGERS								
TITLE NAME		10/MAINALING		10.			DDITIONS/CHAP	NGES		
			Delete	TITLE NAME	MG	RM Dozek	21201	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			Delete	TITLE		RM Dozek	21201	☐ Change	Addition	
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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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

N. DazeRTZU MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

☐ Delete

Daytime Phone #

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