

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067615

**FILED**  
**Feb 12, 2009**  
**Secretary of State**

**Entity Name:** UNIVERSITY AIR SERVICES, LLC

**Current Principal Place of Business:**

2200 SOUTH OCEAN LANE, 107  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

2200 SOUTH OCEAN LANE, 107  
POINT OF AMERICAS II  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

2200 SOUTH OCEAN LANE, 107  
FT LAUDERDALE, FL 33316

**New Mailing Address:**

2200 SOUTH OCEAN LANE, 107  
POINT OF AMERICAS II  
FT LAUDERDALE, FL 33316

**FEI Number:** 26-2980195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCBRIDE, JANE F  
2200 SOUTH OCEAN LANE, 107  
FT LAUDERDALE, FL 33316 US

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

MCBRIDE, JANE F  
2200 SOUTH OCEAN LANE, 107  
POINT OF AMERICAS II  
FT LAUDERDALE, FL 33316 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:**

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** CEO ( ) Change (X) Addition  
**Name:** MCBRIDE, JANE F  
**Address:** 2200 S. OCEAN LANE, #107 POAII  
**City-St-Zip:** FT. LAUDERDALE, FL 33316

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:** JANE F. MCBRIDE

CEO

02/12/2009

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