

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090437

FILED  
Jun 02, 2011  
Secretary of State

**Entity Name:** MBF HELICOPTER LEASING, LLC

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
STE 1100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
STE 1100  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-3346910      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FERNANDEZ, MIGUEL B  
121 ALHAMBRA PLAZA  
STE 1100  
CORAL GABLES, FL 33134 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  
**Name:** FERNANDEZ, MIGUEL B  
**Address:** 121 ALHAMBRA PLAZA, SUITE 1100  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGR  
**Name:** MBF HEALTHCARE MANAGEMENT, LLC  
**Address:** 121 ALHAMBRA PLAZA, SUITE 1100  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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: MIGUEL B FERNANDEZ      MGR      06/02/2011

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