

# 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