2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001549

FILED 1

Jul 12, 2005 8:00 am Secretary of State
07-12-2005 90015 050 ****50.00

JET SHA	RING AVIATION, LLC									
Principal Place of Business 1900 GLADES ROAD, SUITE 245 BOCA RATON, FL 33431		Mailing Address 1900 GLADES ROAD, SUITE 245 BOCA RATON, FL 33431			1 100 (00)	2006 275 <u>1</u>				
2. Principal Place of Business 2255 Glades Road		3. Mailing Address 2255 Glades Road								
Suite, Apt. #, etc. Sūite 321A City & State		Suite, Apt. #, etc. Suite 321A City & State			07062005	Chg-LLC	CR2E0	83 (10/03)		
Boca Raton, Florida Zip Country		Boca Raton, Florida Zip Country			65-10°	13996		<u> </u>	oplied For ot Applicable	
33431	U.S.A. 6. Name and Address of Current F	33431		S.A.		e of Status Desired d Address of New R		Fee Required		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address (F			ard H. B ess (P.O. Box Numb - Glades	P.O. Box Number is Not Acceptable)				
			City Boca Raton				FL	Zip Code	31	
8. The above the obligati	named entity, submits this statement for ions of registered agent. Charles House Signature, prod or printyd name of registered agent ar	RICHARD H.	BRE	SLOW)	gistered agent, or be		7 - 6 -		and accept	
Filing Fee is \$50.00 Due by September 7, 2005						Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JET SHARING, INC. 1900 GLADES ROAD, SUITE 354 BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS 2	2255 Gla c	ING, INC. des Rd., on, Flori	Suite		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	† ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	1 ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition	
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee	that my signature shall have th	ne same l	legal effect as	s if made under oat	h; that I am a manag	further cert jing membe	ify that the in ir or manage	iformation r of the	

SIGNATURE: MULL MANAGER MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Proce #