2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90562 033 ****50.00

DOCUMENT # L02000011977

1. Entity Name
AIR PRIDE, LLC

Principal Place of Business	Mailing Address
500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394	500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~APPLIED FOR~~ 16-1657011 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C
500 EAST BROWARD BOULEVARD, SUITE 1950
FT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUR, THOMAS 5280 NW 21 AVENUE, HANGER 58 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUR, CINDY 5280 NW 21 AVENUE, HANGER 58 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [signature] THOMAS E. BAUR MAR 01 2004 (954)772-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #