

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 006 ****50.00

DOCUMENT # L03000011894	
1. Entity Name AIRPAK FINANCIAL FLORIDA, LLC	



Principal Place of Business 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131	Mailing Address 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131
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20015895



2. Principal Place of Business John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302	3. Mailing Address John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302
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01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0777409	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name John H. Friedhoff, Esquire	
Street A Fowler White Burnett P.A.	
Street B Espirito Santo Plaza - 14th Floor	
City Fourteenth Floor	
City 1395 Brickell Avenue	Code
City Miami, Florida 33131-3302	

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]* DATE *2/16/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COEN, PAOLO 1407 WEST FLAGLER STREET MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 02-09-2005 305 7984365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #