FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS FILED FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 97 MAR 24 PM 4: 09 Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** #L9400000674 SECRETARY OF STATE AMAIR HOLDINGS, L.C. 106 AMBIENT AIR WAY 106 AMBIENT AIR WAY STARKE FL 32091 STARKE FL 32091 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a, 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/08/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3286666 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Regulred 04/10/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent SHOLTES, DAVID C Street Address (P.O. Box Number is Not Acceptable) 106 AMBIENT AIR WAY STARKE FL 32091 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ (Registered Agent Accepting Appointment) (NOTL Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM SHOLTES, DAVID C LO6 AMBIENT AIR WAY STARKE FL MGRM COOKSEY, JOSEPH L JR 06 AMBIENT AIR WAY STARKE FT. 500002125265-- 0 -03/26/97--01125--007 ****203.75 ****203.75 11. I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information

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attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Indicated on this annual 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; and that my name appears in Block 10, or on an

Date

3/21/97

Daytime Prione #

(904) 964-8440