

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1. Max original  
2. HPT 1999  
3. Law Taxes 1999  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 10 PM 3:13

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L97000000815**  
HARBOR AIR, L.C.  
594 OCEAN ROAD  
JOHN'S ISLAND  
VERO BEACH FL 32963

1a. Principal Place of Business Address  
594 OCEAN ROAD  
JOHN'S ISLAND  
VERO BEACH FL 32963

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

3. Date Organized or Qualified 07/29/1997	3a. State of Formation FL
4. FEI Number 65-0770283	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/12/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NAME) (Registered Agent Signature Required When Applicable)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DENUNZIO, RALPH D	3 BRIDLE PATH LANE	RIVERSIDE CT
MGRM	DENUNZIO, JEAN A	3 BRIDLE PATH LANE	RIVERSIDE CT

11. I do 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 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 attachment with an address.

SIGNATURE: Ralph D. DeNunzio (Member)  
2/24/99 (212) 486-4125