FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # L9700000815 03-18-2002 90032 038 ****50 00 HARBOR AIR, L.C. Principal Place of Business Mailing Address 594 OCEAN ROAD 594 OCEAN ROAD JOHN'S ISLAND JOHN'S ISLAND VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0770283 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 😓 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM (9/07 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME DENUNZIO, RALPH D NAME STREET ADDRESS STREET ADDRESS **3 BRIDLE PATH LANE** CITY-ST-ZIP **RIVERSIDE CT 06878** CITY-ST-ZIP MGRM ☐ Delete Change ☐ Addition TITLE DENUNZIO, JEAN A NAME NAME STREET ADDRESS **3 BRIDLE PATH LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERSIDE CT 06878** Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 it 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:

CITY-ST-ZIP

23/02 212-486 4125