

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90137 031 ****50.00

DOCUMENT # L01000004403

1. Entity Name
BUZZAIR, LLC

Principal Place of Business
**215 SOUTH BEACH ROAD
 HOBE SOUND FL 33455**

Mailing Address
**215 SOUTH BEACH ROAD
 HOBE SOUND FL 33455**

2. Principal Place of Business
11970 S.E. Dixie Hgwy.

3. Mailing Address
11970 S. E. Dixie Hgwy.

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Hobe Sound FL

City & State
Hobe Sound FL

Zip Country
33455

Zip Country
33455

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATION SERVICES, INC.
 777 SOUTH FLAGLER DRIVE
 SUITE 500 EAST
 WEST PALM BEACH FL 33401**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
 NAME **F. Morgan Taylor, Jr.**
 STREET ADDRESS **11970 S.E. Dixie Hgwy.**
 CITY-ST-ZIP **Hobe Sound, FL 33455**

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10. ADDITIONS/CHANGES

TITLE Change Addition
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 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 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: *F. Morgan Taylor, Jr.* **REQUIRED**

4/29/02

772-546-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)