


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 047 ****50.00

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| DOCUMENT # L01000011030 |  |
| 1. Entity Name J.S.H. AIR, L.L.C. | |

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| Principal Place of Business 815 N. GARLAND AVENUE ORLANDO FL 32801 | Mailing Address PO BOX 547757 ORLANDO FL 32854 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E083 (11/03)

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| 4. FEI Number 59-3756337 | Applied For <input type="checkbox"/> Not Applicable |
| 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 LEFKOWITZ, IVAN M ESQ. 430 N. MILLS AVE. ORLANDO FL 32803 | |
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| 7. Name and Address of New Registered Agent | |
| Name JAMES R. HOOPER | |
| Street Address (P.O. Box Number is Not Acceptable) 815 N. GARLAND AVENUE | |
| City ORLANDO | Zip Code FL 32801 |

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| 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 JAMES R. HOOPER, MANAGER | DATE 3/11/04 |

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|--|--|
| FILE NOW!!! FEE \$50.00 | |
| Make Check Payable to Florida Department of State | |
| Due By May 1, 2004 | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOOPER, JAMES R 344 MEDORA STREET AUBURNDAL FL 33823 <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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| 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. | |
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|---|----------------|---------------------|
| SIGNATURE: JAMES R. HOOPER | 3/11/04 | 407-849-0167 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Daytime Phone # |