


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # L01000014925		
1. Entity Name IFONE AIR, LLC		
Principal Place of Business 3648 ST. GAUDENS RD. MIAMI, FL 33133	Mailing Address 3648 ST. GAUDENS RD. MIAMI, FL 33133	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WITT, BUFORD R 3640 ST. GAUDENS RD. MIAMI, FL 33133		DO NOT WRITE IN THIS SPACE
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 <u>Buford R Witt</u> 01/06/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WITT, BUFORD 3648 ST. GAUDENS RD. MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEWART, JOSEPH S 3819 BRAGANZA AVE. MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(b), 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 603, Florida Statutes.		
SIGNATURE: <u>Margaret Muiet</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>01/06/04 305567 0432</u> <small>Date Daytime Phone #</small>



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1148099	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/13/04-80049-005 50.00