FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am DOCUMENT # L01000015534 **Secretary of State** 1. Entity Name 02-12-2002 90090 015 ****50.00 AIRLINE HIGHWAY, LLC Principal Place of Business Mailing Address 1280 WEST NEWPORT CENTER DRIVE 1280 WEST NEWPORT CENTER DRIVE **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 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 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name O'BOYLE, SHEILA L Street Address (P.O. Box Number is Not Acceptable) 23 NORTH HIDDEN HARBOUR DRIVE **GULFSTREAM FL 33483** 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 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. (10/6)☐ Change ■ Addition TITLE **MGRM** TITLE ☐ Delete NAME NAME O'BOYLE, MARTIN E CR2E083 STREET ADDRESS STREET ADDRESS 1280 WEST NEWPORT CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE : ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATUREMARTINE!!O!Boyle, Managing Member SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-360-7713