


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015572 1. Entity Name LAK AIR, L.L.C.	
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Principal Place of Business 6484 HIGHRIDGE ROAD LANTANA FL 33462	Mailing Address 6484 HIGHRIDGE ROAD LANTANA FL 33462
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-1140291	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE FL 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	HANSEN, THOMAS C
STREET ADDRESS	3955 CORRIGAN COURT
CITY-ST-ZIP	LAKE WORTH FL 33461
TITLE	MGR <input type="checkbox"/> Delete
NAME	RICH, ELLA M
STREET ADDRESS	6500 N. MILITARY TRAIL LOT 59
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	MGR <input type="checkbox"/> Delete
NAME	PUTZ, GALE
STREET ADDRESS	6604 EASTVIEW DR
CITY-ST-ZIP	ATLANTIS FL 33462
TITLE	MGR <input type="checkbox"/> Delete
NAME	NEIL, DEBARA LEE
STREET ADDRESS	4614 GULFSTREAM ROAD
CITY-ST-ZIP	LAKE WORTH FL 33461
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000226156
02/12/05-80004-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas Hansen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #