


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90080 016 ****50.00

DOCUMENT # L02000000348

1. Entity Name
CRUISAIR SUNCOAST, L.L.C.



Principal Place of Business
**3301 34TH AVENUE NORTH
ST. PETERSBURG FL 33713**

Mailing Address
**3301 34TH AVENUE NORTH
ST. PETERSBURG FL 33713**

44002598



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **01-0565282** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER FL 33758**

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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHUMPERT, JACK 3301 34TH AVENUE NORTH ST. PETERSBURG FL 33713 <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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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

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: Jack Schumpert **Jack Schumpert** 4/29/03 727-526-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment #
 44002598
 702000000348

Office Memorandum

P 3

Date	Account #	Payable to	Amount	Description
4/11/03	10977	ABBOTT HEALTH	1,500-	1355 Job.
4/7/03	10978	EDWARDS METAL	37.28	1608
4/18/03	10979	FLA Select	217-	1608 TO BOND INSURANCE
4/18/03	10980	ABBOTT HEALTH	1500-	1355
4/21/03	10981	KON SMITH	500-	1708 PERMIT
4/23/03	10982	CITY OF BRANSON	80-	1708 WATER DEP
4/24/03	10983	K. ATWOOD	500-	1355 DRAW # 1
4/25/03	10984	V. ROGERS	102.01	1608
4/25/03	10985	ABBOTT HEALTH	1900-	1500:1355 / 400:1708
5/3/03	10986	ABBOTT HEALTH	550-	1355
5/3/03	10987	ABBOTT HEALTH	925.	1355 Fined/extra
5/9/03	10988	ABBOTT HEALTH	1500-	1200:1708 / 300-1355
5/13/03	10989	ERINE MIRANDA	50	3811
5/13/03	10990	VANNA ROGERS	152.80	1355
5/16/03	10991	ABBOTT HEALTH	750-	1708.
5/20/03	10992	D TRACT EXPENSE	1.000	2447 2157 SPR PURCHASE