


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

44002598



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 HEALTH	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	Kou SMITH	500-	1708 PERMIT
4/23/03	10982	CIN OF BRANBON	80-	1708 WATER DEP
4/24/03	10983	K. ATWOOD	500-	1355 DRUM #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	Verna ROGERS	152.80	1355
5/16/03	10991	ABBOTT HEALTH	750-	1708.
5/20/03	10992	D TRAGO EXPENSE	1.00	2447 2157 SPR Purchase