

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004553

FILED
Jan 12, 2004
Secretary of State

Entity Name: FLAMINGOAIR, LLC

Current Principal Place of Business:

PO BOX 08297
FT. MYERS, FL 33908

New Principal Place of Business:

PO BOX 08297
FORT MYERS, FL 33908

Current Mailing Address:

PO BOX 08297
FT. MYERS, FL 33908

New Mailing Address:

PO BOX 08297
FORT MYERS, FL 33908

FEI Number: 01-0621136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AITKENHEAD, WILLIAM N
209 N. INDUSTRIAL LOOP RD.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

AITKENHEAD, WM N
21300 PALM BEACH BLVD
ALVA, FL 33920 US

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: WM N AITKENHEAD

01/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: AITKENHEAD, WM N
Address: PO BOX 08297
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WM N AITKENHEAD

MM

01/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date