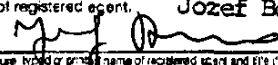


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 024 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000009147					
1. Entity Name FLAIR LLC					
Principal Place of Business 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business 2522 Bay Pointe Ct.			3. Mailing Address 2522 Bay Pointe Ct.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Weston, FL			City & State Weston, FL		
Zip 33327	Country USA	Zip 33327	Country USA	4. FEI Number 03-0443352	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Jozef Bocko Street Address (Or Box Number if Not Applicable) 2522 Bay Pointe Ct. City Weston FL Zip Code 33327		
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. Jozef Bocko					
SIGNATURE  DATE APRIL 30th 2005 Signature typed or printed name of registered agent and file (if applicable) (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOCKO, JOZEF 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bocko, Jozef 2522 Bay Pointe Ct. Weston, FL 33327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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:  JOZEF BOCKO APR 30th 2005 (954) 349 3342 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

20053463



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