
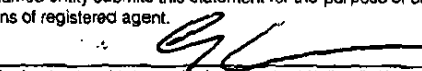



FILED
Sep 11, 2003 8:00 am
Secretary of State

55056301

DOCUMENT # L02000011596		04-30-2003 90181 035 ****50.00 08-13-2003 90048 038 ****55.00	
1. Entity Name ORLANDO ISLAND AIR, LLC			
Principal Place of Business 195 LAKESIDE DR. SANFORD FL 32773		Mailing Address 195 LAKESIDE DR. SANFORD FL 32773	
2. Principal Place of Business 195 LAKESIDE DRIVE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANFORD		City & State	
Zip FL	Country 32773	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNER, CRAIG B 195 LAKESIDE DR. SANFORD FL 32773		7. Name and Address of New Registered Agent SAME	
		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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 7-11-2003 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE	<input type="checkbox"/> Delete		
NAME	NONE		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME	MGR M CRAIG B CONNER 32773		
STREET ADDRESS	195 LAKESIDE DR. SANFORD FL		
CITY-ST-ZIP			
10. ADDITIONS/CHANGES			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NONE		
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			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 7-11-2003 352-636-9748	



Attachment
MGRM

FLORIDA DEPARTMENT OF STATE

#55056301

Glenda E. Hood

Secretary of State

August 15, 2003

ORLANDO ISLAND AIR, LLC
195 LAKESIDE DR.
SANFORD, FL 32773

NOTE: CRAIG B CONNER
IS THE MGRM
ADDRESS IS THE SAME,

Subject: ORLANDO ISLAND AIR, LLC

THANK YOU CRAIG

Reference Number: L02000011596

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$105.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/gs

ANNUAL REPORTS SECTION