
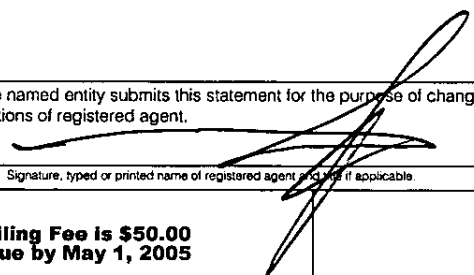
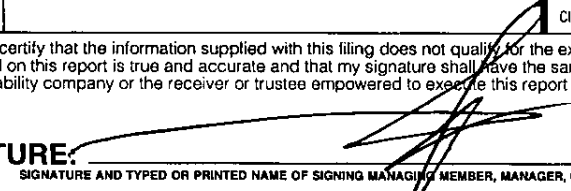


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 015 *****50.00

DOCUMENT # L03000001503 1. Entity Name AIR-AL, LLC																																															
Principal Place of Business 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612 US			Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606 US																																												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13336 NORTH CENTRAL AVENUE																																													
City & State Tampa FL		City & State Tampa FL		4. FEI Number 74-3075498																																											
Zip 33612		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent Name DAVID BEKHOR Street Address (P.O. Box Number is Not Acceptable) 13336 NORTH CENTRAL AVE. City TAMPA FL 33612																																											
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  DATE 4/21/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%;"> MGR BEKHOR, DAVID 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612 </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEKHOR, DAVID 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			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		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		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		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		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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																												
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEKHOR, DAVID 13336 NORTH CENTRAL AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP																																												
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																																											
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																																											
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																																											
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																																											
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:  4/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															

20049886



04202005 Chg-LLC CR2E083 (10/03)