
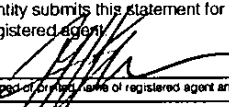
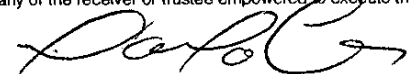


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90282 013 ****50.00

DOCUMENT # L03000011878 1. Entity Name AIRPAK FINANCIAL HOLDING, LLC			
Principal Place of Business 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131		Mailing Address 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302		3. Mailing Address John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302	
4. FEI Number 01-0777401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Friedhoff, John H. Street Address (P.O. Box Number is Not Acceptable) Espirito Santo Plaza - 14th Floor 1395 Brickell Avenue City Miami FL Zip Code 33131-3302	
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 		J. H. FRIEDHOFF DATE 2/22/05	
Filing Fee is \$50.00 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 COEN, PAOLO 1407 WEST FLAGLER STREET MIAMI, FL 33135	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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date		Daytime Phone #	