


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (A/R)

4/2

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-27-2004 90018 024 ****50.00

DOCUMENT # L03000019694				
1. Entity Name FLORIDA AIR TECHNOLOGIES LIMITED LIABILITY COMPANY				
Principal Place of Business 1137 SW 7TH ROAD OCALA FL 34474		Mailing Address 1137 SW 7TH ROAD OCALA FL 34474		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent MYLAVARAPU, SUNDAR R 1137 SW 7TH ROAD OCALA FL 34474				7. Name and Address of New Registered Agent
Name				
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when remaining)</small>				
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 2004</p>				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MYLAVARAPU SUNDAR R <input type="checkbox"/> Delete 2038 S.W. 78th Terrace GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAKENBORG CORNELIS <input type="checkbox"/> Delete 10705 S.E. 151 Street SUMMERFIELD, FL 34491		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'BRIEN FRANK <input type="checkbox"/> Delete 8040 AFA SOUTH UNIT 13 ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <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: S.K. Mylavaru			Date: 4/12/04 Phone: (352) 401-9998	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>DATE DAYTIME PHONE #</small>	

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MOORE CR2E083 (11/03)

4. FEI Number **33-1061983** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required