


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: <u>S.K. Mylavaru</u> | | | Date: <u>4/12/04</u> (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