

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90047 018 \*\*\*\*50.00

<b>DOCUMENT # L03000020702</b> 1. Entity Name LUNA AIRPORT SHUTTLE, L.L.C.					
Principal Place of Business <b>774 SNUG ISLE</b> <b>CLEARWATER BEACH, FL 33767</b>			Mailing Address <b>774 SNUG ISLE</b> <b>CLEARWATER BEACH, FL 33767</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>N/A</b>		3. Mailing Address Suite, Apt. #, etc. <b>N/A</b>			
City & State		City & State		06302004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>86-1066534</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LUNA, ROBERT</b> <b>774 SNUG ISLE</b> <b>CLEARWATER BEACH, FL 33767</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LUNA, ROBERT 774 SNUG ISLE CLEARWATER, FL 33767	<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	PRES LUNA, KEVIN R 774 SNUG ISLE CLEARWATER BEACH, FL 33767	<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	SECY LUNA, MARY E 774 SNUG ISLE CLEARWATER BEACH, FL 33767	<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	TRES LUNA, MARY E 774 SNUG ISLE CLEARWATER BEACH, FL 33767	<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.					
<b>SIGNATURE:</b> <i>Mary E. Luna D.C.</i>				<b>8/10/04</b> <b>727-441-1646</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	