2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# L03000029115

Entity Name: WISTAIR, LLC

Current Principal Place of Business:

217 HILLCREST ST.
ORLANDO, FL 32801

New Principal Place of Business:

700 DOCTORS COURT
LEESBURG, FL 34748

Current Mailing Address:

217 HILLCREST ST.
ORLANDO, FL 32801

New Mailing Address:

700 DOCTORS COURT
LEESBURG, FL 34748

FEI Number: 20-0135688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, WISTAR III
217 HILLCREST ST.
ORLANDO, FL 32801

Name and Address of New Registered Agent:

MOORE, WISTAR III
700 DOCTORS COURT
MOUNT DORA, FL 34748

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.

SIGNATURE: WISTAR MOORE, III 07/07/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MOORE, WISTAR
Address: 700 DOCTORS COURT
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Change (X) Addition
Name: MOORE, CAROL L
Address: 700 DOCTORS COURT
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WISTAR MOORE, III MGRM 07/07/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date