

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029115

Entity Name: WISTAIR, LLC

FILED  
Apr 03, 2005  
Secretary of State

**Current Principal Place of Business:**

700 DOCTORS COURT  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

700 DOCTORS COURT  
LEESBURG, FL 34748

**New Mailing Address:**

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  
700 DOCTORS COURT  
MOUNT DORA, FL 34748 US

**Name and Address of New Registered Agent:**

MOORE, WISTAR III  
700 DOCTORS COURT  
LEESBURG, FL 34748 US

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:

04/03/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date