
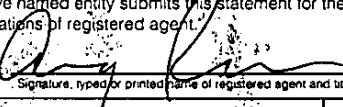
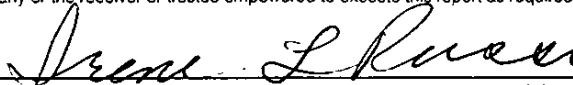


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90240 045 ***150.00

DOCUMENT # L03000049279 1. Entity Name AIR PROPERTY, LLC																											
Principal Place of Business 347 REGATTA DRIVE 353 REGATTA DR JUPITER, FL 33477		Mailing Address 347 REGATTA DRIVE 353 REGATTA DR JUPITER, FL 33477																									
2. Principal Place of Business 110 Bridge Road Suite, Apt. #, etc.		3. Mailing Address 110 Bridge Road Suite, Apt. #, etc.																									
City & State Tequesta, FL Zip 33469 Country		City & State Tequesta, FL Zip 33469 Country																									
4. FEI Number 20-1475615		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent RUSSO, ANDREW 347 REGATTA DRIVE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name RUSSO, ANDREW Street Address (P.O. Box Number is Not Acceptable) 353 REGATTA DR. City JUPITER FL 33477																									
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: 3-18-05																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUSSO, ANDREW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>347 REGATTA DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUPITER, FL 33477</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	RUSSO, ANDREW		STREET ADDRESS	347 REGATTA DRIVE		CITY - ST - ZIP	JUPITER, FL 33477		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUSSO, ANDREW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>353 REGATTA DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUP, FL 33477</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RUSSO, ANDREW		STREET ADDRESS	353 REGATTA DR.		CITY - ST - ZIP	JUP, FL 33477	
TITLE	MGR	<input type="checkbox"/> Delete																									
NAME	RUSSO, ANDREW																										
STREET ADDRESS	347 REGATTA DRIVE																										
CITY - ST - ZIP	JUPITER, FL 33477																										
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	RUSSO, ANDREW																										
STREET ADDRESS	353 REGATTA DR.																										
CITY - ST - ZIP	JUP, FL 33477																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUSSO, IRENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>347 REGATTA DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUPITER, FL 33477</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	RUSSO, IRENE		STREET ADDRESS	347 REGATTA DRIVE		CITY - ST - ZIP	JUPITER, FL 33477		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUSSO, IRENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>353 REGATTA DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUP, FL 33477</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RUSSO, IRENE		STREET ADDRESS	353 REGATTA DR		CITY - ST - ZIP	JUP, FL 33477	
TITLE	MGRM	<input type="checkbox"/> Delete																									
NAME	RUSSO, IRENE																										
STREET ADDRESS	347 REGATTA DRIVE																										
CITY - ST - ZIP	JUPITER, FL 33477																										
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	RUSSO, IRENE																										
STREET ADDRESS	353 REGATTA DR																										
CITY - ST - ZIP	JUP, FL 33477																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/18/05 Daytime Phone #																									