
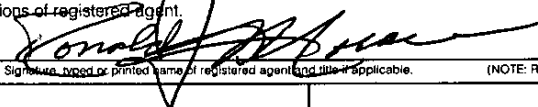
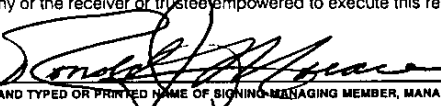


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90098 024 \*\*\*\*50.00

DOCUMENT # L03000051941					
<b>1. Entity Name</b> AIRTRAC LLC					
<b>Principal Place of Business</b> 108 LOCH ARBOR COURT SANFORD, FL 32771			<b>Mailing Address</b> 108 LOCH ARBOR COURT SANFORD, FL 32771		
<b>2. Principal Place of Business</b> 2186 NORTHUMBRIA DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2186 NORTHUMBRIA DR Suite, Apt. #, etc.			
<b>City &amp; State</b> SANFORD FL		<b>City &amp; State</b> SANFORD FL		<b>4. FEI Number</b> 20-0735089	
<b>Zip</b> 32771		<b>Country</b> SEMINOLE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MORACE, RONALD J 108 LOCH ARBOR COURT SANFORD, FL 32771				<b>7. Name and Address of New Registered Agent</b> Name: JLY Street Address (P.O. Box Number is Not Acceptable): 796 2186 NORTHUMBRIA DR City: SANFORD FL Zip Code: 32771	
<b>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.</b> SIGNATURE:  RONALD J. MORACE 4/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> MORACE, RONALD J <b>STREET ADDRESS</b> 108 LOCH ARBOR COURT <b>CITY-ST-ZIP</b> SANFORD, FL 32771	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> 2186 NORTHUMBRIA DR <b>CITY-ST-ZIP</b> SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> MORACE, JOSEPH A <b>STREET ADDRESS</b> 152 WOODRIDGE TRAIL <b>CITY-ST-ZIP</b> SANFORD, FL 32771	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> 2186 NORTHUMBRIA DR <b>CITY-ST-ZIP</b> SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> MORACE, NANCY A <b>STREET ADDRESS</b> 108 LOCH ARBOR COURT <b>CITY-ST-ZIP</b> SANFORD, FL 32771	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> 2186 NORTHUMBRIA DR <b>CITY-ST-ZIP</b> SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> MORACE, MARCY J <b>STREET ADDRESS</b> 152 WOODRIDGE TRAIL <b>CITY-ST-ZIP</b> SANFORD, FL 32771	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> 2186 NORTHUMBRIA DR <b>CITY-ST-ZIP</b> SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> 			RONALD J. MORACE 4/29/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		