

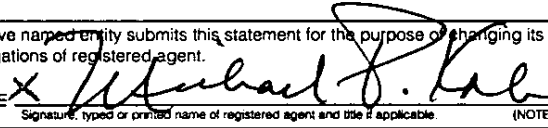
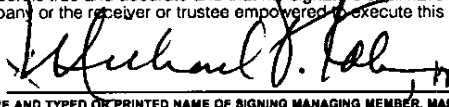


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90006 045 ****50.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # L04000030504 1. Entity Name MPKA AIR, LLC | | | |  | |
| Principal Place of Business 50 A1A, SUITE 110 PONTE VEDRA, FL 32082 | | | Mailing Address 50 A1A, SUITE 110 PONTE VEDRA, FL 32082 | | |
| 2. Principal Place of Business 330 A1A NORTH Suite, Apt. #, etc. 322 | | 3. Mailing Address 330 A1A NORTH Suite, Apt. #, etc. 322 | |  | |
| City & State PONTE VEDRA, FL | | City & State PONTE VEDRA, FL | | 4. FEI Number 20-1028655 | |
| Zip 32082 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAHN, MICHAEL P 50 A1A, SUITE 110 PONTE VEDRA, FL 32082 | | | | 7. Name and Address of New Registered Agent Name KAHN, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 330 A1A NORTH, SUITE 322 City PONTE VEDRA FL 32082 | |
| 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  DATE 6/12/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MICHAEL P. KAHN & ASSOCIATES, LLC 50 A1A, SUITE 110 PONTE VEDRA, FL 32082 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 exemptions contained in Chapter 119, 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:  MICHAEL P. KAHN X 6/12/06 904-285-0486 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |