

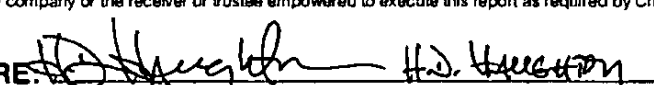
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-22-2005 90184 021 *****50.00

FILED L04000076220

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000076220					
1. Entity Name MIRAGE AIR, LLC					
Principal Place of Business 2457 CARE DRIVE, SUITE 200 TALLAHASSEE FL 32308			Mailing Address 2457 CARE DRIVE, SUITE 200 TALLAHASSEE FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1869382	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent IGLER & DOUGHERTY, P.A. 2457 CARE DRIVE, SUITE 200 TALLAHASSEE FL 32308			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MGRM					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES	
	IGLER & DOUGHERTY, P.A.	2457 CARE DR., SUITE 200	TALLAHASSEE, FL 32308	☐ Change ☐ Addition	
	MGRM	JAMES M. RUDNICK	2457 CARE DR., SUITE 200	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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 				Date 3/17/05 8508782411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					