

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000110308

Entity Name: IOTC AIR, LLC

FILED
Oct 22, 2009
Secretary of State

Current Principal Place of Business:

ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

ONE CITY CENTRE
ONE NORTH FEDERAL HIGHWAY, SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 23-3904808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFERTY, WILLIAM L JR ESQ.
RAFFERTY, STOLZENBERG, GELLES ET AL PA
1401 BRICKELL AVENUE, SUITE 825
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIRKEIDE, KEVIN G
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: SARGEANT, DANIEL
Address: 3020 NORTH MILITARY TRAIL, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARGEANT, III, HARRY
Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY SARGEANT, III

MGR

10/22/2009

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