

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L97000001172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                           |
| 1. Entity Name<br>INTER AMERICAN AIRLINES, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                            |
| Principal Place of Business<br>600 BRICKELL AVENUE, STE. 400<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                               | Mailing Address<br>600 BRICKELL AVENUE, STE. 400<br>MIAMI, FL 33131       |                                                                                                            |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 02042004 No Chg-LLC      CR2E083 (10/03)                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 4. FEI Number<br>65-0794034                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                                            |
| HOWARD, HENRY<br>600 BRICKELL AVENUE, STE. 400<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | <b>DO NOT WRITE<br/>IN THIS SPACE</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.                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                                            |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                                            |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                                            |
| U000000060995<br>02/23/04-80061-001 50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                                            |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>HOWARD, HENRY<br>600 BRICKELL AVENUE, STE. 400<br>MIAMI, FL 33131 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>HENRY B. HOWARD, MANAGING MEMBER</u> 2/12/04                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                            |

(786) 777 0360 x 103