


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------------|--|---|--|
| DOCUMENT # L97000001172 | | | |  | |
| 1. Entity Name INTER AMERICAN AIRLINES, L.L.C. | | | | | |
| Principal Place of Business 200 S BISCAYNE BLVD SUITE 3800 MIAMI, FL 33131 | | | Mailing Address 200 S BISCAYNE BLVD SUITE 3800 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0794034 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HOWARD, HENRY 200 S BISCAYNE BLVD SUITE 3800 MIAMI, FL 33131 | | | 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 reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOWARD, HENRY 200 S BISCAYNE BLVD., SUITE 3800 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000938528 05/27/08-80095-004 138.75 | |
| [Delete] | | | [Change] [Addition] | | |
| [Delete] | AS GUTIERREZ, RENALDY J 601 BRICKELL KEY DR., SUITE 201 MIAMI, FL 33131 | | [Change] [Addition] | | |
| [Delete] | | | [Change] [Addition] | | |
| [Delete] | | | [Change] [Addition] | | |
| [Delete] | | | [Change] [Addition] | | |
| [Delete] | | | [Change] [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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date: 1/23/08 | | | | | |
| Daytime Phone #: 786 777 0300 | | | | | |