2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

May 03, 2007 8:00 am Secretary of State **DOCUMENT # L99000001891** 1. Entity Name 04-16-2007 90336 045 ****55 00 GOODYEAR OPEN AIR, L.C. Principal Place of Business Mailing Address 111 N. ORANGE AVENUE, SUITE 1200 24 PINE STREET 00000000ORLANDO, FL 32801 WINDERMERE, FL 34786 01122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3587809 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUONAURO, FRANK A JR. DO NOT WRITE 24 PINE STREET WINDERMERE, FL 34786 IN THIS SPACE 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 Signature, typed or printed name of registered age (NOTE: Registered Agent signature registers when rejectations) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS mu MGR NAME SHAMS, MAURICE 111 N. ORANGE AVENUE, SUITE 1200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 TITLE MGR **BUONAURO, FRANK A** NAME STREET ADDRESS 24 PINE ST. WINDERMERE, FL 34786 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP UTIE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE

11. I hereby certify that the information/supplied with this filing boes 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-7IP

FILED