2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # L99000007839 1. Entity Name ALTAIR5, L.L.C. Mailing Address Principal Place of Business 9625 WES KEARNEY WAY PO BOX 5299 TAMPA, FL 33675-5299 RIVERVIEW, FL 33569 04072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3611149 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, TRACY J JR. DO NOT WRITE 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 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 agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HARRIS, TRACY J JR. 701 INDIANA AVENUE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 U00000it38637 MGRM 04/23/04-80089-003 50.00 KEARNEY, BING NAME 911 SEDDON COVE WAY STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(1), 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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE

SIGNATURE: \(\)

FILED