Ma100000195



1. Entity Nan	MENT # M01000000 AR BAY AIR, LLC.	)195		O3 JUL 25 AM 10: 47	
<del></del>	DO NOT WRITE	IN THIS SE	ACE		
	·	<u>.</u> .	ACE	500021790625 07/25/03-01067007 **200.00	
2. Principal Place of Business 4387 WESTROADS DR Suite, Apt. #, etc.		3. Mailing Address 4387 WESTROADS DR Suite, Apt. #, etc.			
City & Stat	le	City & State		4. FEI Number CA 1000010 Applied For	
Zip 33407	ALM BEACH, FLORIDA  Country	WÉST PALM BEA	COUNTRY	5. Certificate of Status Desired \$5.00 Additional	
1, 1, 1		33407	<del></del>	7. Name and Address of Current Registered Agent	
			Name MIC	IICHAEL M. BOGART	
DO NOT WRITE			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)	
	IN THIS SPA	ACE	4387 WE	/ESTROADS DR	
			City WES	ST PALM BEACH, FL Zip Code 33407	
SIGNATURE	Signature, typed or printed name of registered agent an	F Make Check Payable	EE IS \$50.00 e to Florida Depart JE BY MAY 1	DATE DATE	
9.	MANAGING MEMBER	S/MANAGERS			
111LE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL M. BOO 4387 WESTROADS DR WEST PALM BEACH, FLO		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 02-03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 02-03	
TITLE NAME STREET ADDRESS	~ · · · · · · · · · · · · · · · · · ·		TITLE NAME STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			CITY-ST-ZIP  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HILE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREE PADDRESS CITY-SI-ZIP	ertify that the information supplied with th	io filina dono not mustific for a	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-22-03

561-844-8811

Daytime Phone #