2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # M01000001945 04-30-2002 90118 048 ****50.00 1. Entity Name **SUR AIR LLC** Principal Place of Business laijing Address C/O JEFFREY TENEN C/O JEFFREY TENEN 340100 1221 BRICKELL AVE., STE. 2100 1221 BRICKELL AVE., STE. 2100 MIAMI FL 33131 86881 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 0 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition Š NAME JAY HOLDINGS LLC NAME STREET ADDRESS 3 LONGVIEW RD. STREET ADDRESS CP2E083 CITY-ST-ZIP WESTPORT CT 06880 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EFF HOLDINGS LLC NAME STREET ADDRESS 7951 FISHER ISLAND DR. STREET ADDRESS CITY-ST-ZIP FISHER ISLAND FL 33109 CITY-ST-ZIP TITLE ☐ Defete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DT) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

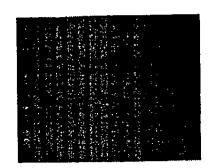
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Internal Revenue Service



Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chambles, QA 30362 Phone 676-630-7234/7235 FAX 678-630-6156

Date: September 14, 2001

(203) 8479612

IRS TAX EXAMINER ID: 0716833151

TO:	JEFFREY TENEN	FAX:	305-579-0717
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
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Company Name	SUR AIR LLC		65-1136688
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