

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MO1000001945

1. Entity Name

SUR AIR LLC

Principal Place of Business

C/O JEFFREY TENEN
1221 BRICKELL AVE., STE. 2100
MIAMI FL 33131

Mailing Address

C/O JEFFREY TENEN
1221 BRICKELL AVE., STE. 2100
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JAY HOLDINGS LLC 3 LONGVIEW RD. WESTPORT CT 06880 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EFF HOLDINGS LLC 7951 FISHER ISLAND DR. FISHER ISLAND FL 33109 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

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

4/8/02

Date

203 847-0149

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90118 048 ****50.00



DO NOT WRITE IN THIS SPACE

86881

CR2E083 (9/01)

09/14/01 FRI 10:57 FAX 678 530 6156

678 530 6156

TELETYPE

Attachment 80881 #40100000KAG 001

Internal Revenue Service

Accounts Management Division I

Branch II - Teletin Unit

Stop 751

PO Box 47421

Chamblee, GA 30382

Phone 678-530-7234/7235

FAX 678-530-6156

Date: September 14, 2001

Pap to

(203)

8479612

ID: Libby
Miller

IRS TAX EXAMINER ID: 0716833151

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

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