

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # M01000001945**

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**

340100

86881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>APPLIED FOR</b>	Applied For
		Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JAY HOLDINGS LLC</b> <b>3 LONGVIEW RD.</b> <b>WESTPORT CT 06880</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EFF HOLDINGS LLC</b> <b>7951 FISHER ISLAND DR.</b> <b>FISHER ISLAND FL 33109</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

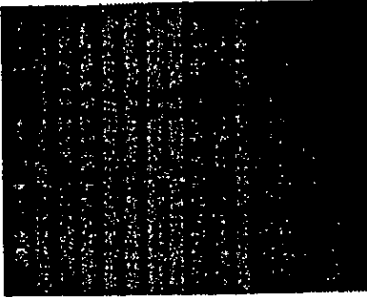
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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]* **JAY HOLDINGS LLC** 4/8/02 203 847-0149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

Attachment 8088 1 #70100000948 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**

*Pap to  
(203)  
847 9612*

*ID: Libby  
Miller*  
Date: September 14, 2001

**IRS TAX EXAMINER ID: 0716833151**

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