


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 23 AM 10:11

DOCUMENT # M02000001046 1. Entity Name AIREM CAPITAL GROUP LLC					
Principal Place of Business 235 3RD STREET SOUTH SUITE 200 ST PETERSBURG, FL 33701			Mailing Address 235 3RD STREET SOUTH SUITE 200 ST PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03182004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 01-0656030				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, SUSAN G 235 3RD STREET SOUTH SUITE 200 ST PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONAHUE, VINCENT P 72 CHARLOU CIRCLE ENGLEWOOD, CO 80111	<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			
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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"/> Delete			
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: <i>Antonia Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/21/04 121-803-1838 <small>Date Daytime Phone #</small>	





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 587209 7287317

AUTHORIZATION

Patricia Pizant

COST LIMIT : \$ 50.00

ORDER DATE : April 23, 2004

ORDER TIME : 12:08 PM

ORDER NO. : 587209-140

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp
Airem Capital Group
Suite 200
235 3rd Street South
Saint Petersburg, FL 33701

ANNUAL REPORT FILING

NAME: AIREM CAPITAL GROUP LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DEBBIE SKIPPER - Ext.

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 23 PM 1:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA