

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0059692

DOCUMENT # M02000001046

1. Entity Name  
**AIREM CAPITAL GROUP LLC**



**FILED**

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**450 CARILLON PARKWAY, SUITE 200  
ST PETERSBURG FL 33703**

Mailing Address  
**450 CARILLON PARKWAY, SUITE 200  
ST PETERSBURG FL 33703**

2. Principal Place of Business  
**235 - 3rd Street South**  
Suite, Apt. #, etc.  
**Suite 200**  
City & State  
**St. Petersburg FL**  
Zip  
**33101** Country  
**USA**

3. Mailing Address  
**235 - 3rd Street South**  
Suite, Apt. #, etc.  
**Suite 200**  
City & State  
**St. Petersburg FL**  
Zip  
**33101** Country  
**USA**

4. FEI Number  
**01-0656030**  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, SUSAN G  
450 CARILLON PARKWAY, SUITE 200  
ST PETERSBURG FL 33716**

7. Name and Address of New Registered Agent  
Name  
**Susan G. Johnson**  
Street Address (P.O. Box Number is Not Acceptable)  
**235 - 3rd Street South, Suite 200**  
City  
**St. Petersburg** FL Zip Code  
**33101**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOHNSON, SUSAN G 450 CARILLON PARKWAY, SUITE 200 ST PETERSBURG FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DONAHUE, VINCENT P 72 CHARLOU CIRCLE ENGLEWOOD CO 80111</b> <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	<b>MGRM Johnson, Susan G. 235 - 3rd Street South, Suite 200 St. Petersburg FL 33101</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900017801143 05/01/03--01017--001 **50.00</b> <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 REQUIRED** **Manager** **4/28/03** **721-803-1860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)