## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

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

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DOCUI	MENT # <b>M02000</b> 0						
1. Entity Name AIREM CAPITAL GROUP LLC					ton de la constant		
District LDI-		* 14-77- A d-l-1			03 MAY - 1 PM 12	: 20	
•		Mailing Address 450 CARILLON PARKWAY, SUITE 200					
450 CARILLON PARKWAY, SUITE 200 ST PETERSBURG FL 33703		ST PETERSBURG FL 33703		 	SECRETARY OF STATE AND	TATE ORIDA MU <b>MI</b> TIMOTO	EF <b>a e</b> dite 1 <b>50</b> 1
2. Principal Place of Business		3. Mailing Address					
235-300 Street South			135 - 360 Street South				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Į	CHECK HERE IF MAKING CHANGES		
Sule Voo		City & State		4. FEI Num	4. FEI Number Applied For		
St. Pelersburg VL		St. Pelersburg M		1	-0656030	<del></del>	t Applicable
Zin Country		Zip Country		•	te of Status Desired	\$5.00 Add	
3310	6 Name and Address of Current B	33101	USA	7 Name a	nd Address of New Beniste	Fee Require	<u> </u>
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name							
· · · · · · · · · · · · · · · · · · ·					Johnson		
	Carillon Parkway, Suite 200 Petersburg FL 33716	35 - 340 5	ber is Not Acceptable)	Suje 20	X		
SI FEICHODUNG FL 337 IO						•	
				x Petersh	ura	FL Zio Code	10
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.							
tile doligations of registered agent.							
SIGNATURE Signature, typed of 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 Florida Departmen							
Due By May 1, 2003							
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHAN	IGES	
TITLE	MGRM	Delete	TITLE	MGRH	Guerra Ca	Change	Addition
NAME STREET ADDRESS	JOHNSON, SUSAN G 450 CARILLON PARKWAY, SUITE 200			Johnson,	Susan G. Street Earth, Su	ile 200	}
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	St. Petersh	ra # 3310	1	
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NAME	DONAHUE, VINCENT P		NAME	***	oooiredi	, m	1
STREET ADDRESS	72 CHARLOU CIRCLE		STREET ADDRESS	U5/U	1/0301017001	! **50.00	
CITY-ST-ZIP	ENGLEWOOD CO 80111	<u></u>	CITY-ST-ZIP	<del></del>		Change	[ ] Addition
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TITLE NAME		☐ Delete	TITLE . NAME		•	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				
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.							
minou nai	Santy Company or the receiver or trustee	ompowered to execute this leb	or as redaired p	y Chapter 900, Fighte	a organica.		}

4/28/03 Date

721-803-1850