

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000353

**FILED**  
**Jul 03, 2007**  
**Secretary of State**

**Entity Name:** INTERCONTINENTAL AIR, LLC

**Current Principal Place of Business:**

C/O EVEREST CAPITAL INC.  
2601 S. BAYSHORE DRIVE, SUITE 1700  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EVEREST CAPITAL INC.  
2601 S. BAYSHORE DRIVE, SUITE 1700  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 65-0838407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

BRAIL, NEVEN D  
2601 S BAYSHORE DR. #1700  
MIAMI, FL 33133 US

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: NEVEN BRAIL

07/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EVEREST CAPITAL, INC. .  
Address: 2601 S. BAYSHORE DRIVE, SUITE 1700  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARKO DIMITRIJEVIC

PRES

07/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date