File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE

| ANNUAL REPORT 1998 | | | | Secretary of State DIVISION OF CORPORATIONS | | | | 98 MAR 16 PM 1: 40 | | | | |
|--|---|---------------------|--------------------------------------|---|--------|-------|---|--------------------------|----------------|--------------|--|--|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | 2 0 | TIRRET OF E | ~11 1 · 4 | l U | |
| of Limit | and Malling Address ited Liability Company MOUNTATN ATR | | # M94000000009 CES, LLC., LIMITED | | | | 4= Drinolnal Pla | on of Rusiness A | ddraes | | | |
| (| COMPANY | XATORO | JES, DEC., DIMITED | | | | 1a. Principal Place of Business Address | | | | | |
| | 7551 NW 52 S MI <mark>AM</mark> I FL 331 | | | | | | 7551 NW 52 ST. MIAMI FL 33166 | | | | | |
| | | | | | | | | | | | | |
| 2. Principal Place of Business 2a. Maili | | | . Mailing Ad | ng Address | | | | 3. Date Organize | d or Qualified | 3a. State | of Formation | |
| Suite, Apt. #, etc. | | | uite, Apt. #, etc. | | | | | 02/16/1 4. FEI Number | 994 | NC | Annied For | |
| City & State | | | City & State | | | | | 56-1847401 | | | Applied For Not Applicable | |
| Zip | Country | Zip | | | Countr | | <u> </u> | 5. Date of Last A | | 6. Certifica | ate of Status Desired | |
| L IP | Country | <u></u> 'p- |) | | Obo.n. | y | | 02/28/1 | 997 | Sn 75 Addit | ional Lei Required | |
| | 7. Name and Addre | ss of Current Regis | stered Agen | d Agent | | | 8. Na | ame and Address | | ered Agent | /Office | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Street Address (P.O. Box Number Suite, Apt. #, etc. | | | | Ö. Box Number le | Zip Code | | | |
| Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) | | | | | | | | | | | purpose of changing xeept the appointment | |
| 10. Title | r | nbers/Managers | | | | | et Address | | City, | State and Z | ip Code | |
| MEM MEM | AIR TRANSPORTATION HOL | | | 3524 AIRPO | | | • | | | | | |
| i | | | | | | | | 60 | -03/19 | /980 | 6263 1112-013 ****188.75 | |
| | | | | | | | | <u>d</u> o | Q | | | |

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER