


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000167	
MICRONAIR, LLC 6668 COLUMBIA PARK DRIVE SOUTH JACKSONVILLE FL 32258		1a. Principal Place of Business Address 6668 COLUMBIA PARK DRIVE SOUTH JACKSONVILLE FL 32258	
2. Principal Place of Business Micronair, LLC Suite, Apt. #, etc. 11259 Phillips Pkwy Dr E City & State Jacksonville, FL Zip 32256	2a. Mailing Address Micronair, LLC Suite, Apt. #, etc. 11259 Phillips Pkwy Dr E City & State Jacksonville, FL Zip 32256	3. Date Organized or Qualified 04/01/1997	3a. State of Formation DE
		4. FEI Number 59-3429613	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent KEYSER, GENE E 6668 COLUMBIA PARK DRIVE SOUTH JACKSONVILLE FL 32258		8. Name and Address of New Registered Agent/Office Name KEYSER, GENE E Street Address (P.O. Box Number is Not Acceptable) 11259 Phillips Pkwy Dr East Suite, Apt. #, etc. City Jacksonville, FL Zip Code 32256	
9. 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)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KEYSER, GENE E	6668 COLUMBIA PARK DRIVE S	JACKSONVILLE FL
MGR	WINER, JONATHAN H	35 GREEN MOUNTAIN ROAD	SOUTH BURLINGTON VT
MGR	SPITE, RUSSELL W DELETE - NO LONGER MGR - DEK	3765 CROWN POINT ROAD	JACKSONVILLE FL
MGR	PETERS, JAMES H	P.O. BOX 850	SOUTH BURLINGTON VT
MGR	ZIMMERMAN, JOHN L	P.O. BOX 850	SOUTH BURLINGTON VT
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11. I do 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 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: _____

Gene E. Keyser

3/3/98

904-268-5459

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

Date

Daytime Phone #