


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 12 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 11259 PHILLIPS PKWY DR E JACKSONVILLE FL 32256			1a. Principal Place of Business Address 11259 PHILLIPS PKWY DR E JACKSONVILLE FL 32256		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		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 03/05/1998				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent XXXXXXXXXXXX 11259 PHILLIPS PKWY DR EAST JACKSONVILLE FL 32256			8. Name and Address of New Registered Agent/Office Name Thomas W. Longmire Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>		
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 <i>T. W. Longmire</i>			DATE 3/10/99		
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGR XXXXXXXX MGR WINER, JONATHAN H MGR PETERS, JAMES H MGR ZIMMERMAN, JOHN L		6668 COLUMBIA PARK DRIVE S JACKSONVILLE FL 32256 35 GREEN MOUNTAIN ROAD 1233 SHELBOURNE RD SUITE E-5 P.O. BOX 850 1233 SHELBOURNE RD SUITE E-5 P.O. BOX 850 1233 SHELBOURNE RD SUITE E-5		JACKSONVILLE FL 32256 SOUTH BURLINGTON VT 05403 SOUTH BURLINGTON VT 05403 SOUTH BURLINGTON VT 05403	
200002842602-9 04/16/99-01033-008 ***188.75 ***188.75					
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: <i>Jonathan H. Winer</i> JONATHAN H. WINER 3/8/99 802-846-1240					