


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M98000000272 1. Entity Name SYMAX AIR L.L.C. |  |
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|---|---|
| Principal Place of Business 1209 ORANGE STREET WILMINGTON, DE 19801 | Mailing Address 30575 BAINBRIDGE RD., SUITE 130 SOLON, OH 44139 |
|---|---|

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01282004 No Chg-LLC

CR2E083 (10/03)

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|---|--|
| 4. FEI Number 51-0376977 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000136482
04/29/04 00002 010 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NEVADAMAX, INC. 639 ISBELL ROAD, SUITE 390 RENO, NV 89509 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NEVADAMAX LIMITED PARTNERSHIP 639 ISBELL ROAD, SUITE 390 RENO, NV 89509 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: 4-2-04 Daytime Phone #: 440-519-3500

NEVADAMAX, INC. MEMBER,
FEDERAL RESERVE BANK