2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# M98000000272

Entity Name: SYMAX AIR L.L.C.

Current Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

30575 BAINBRIDGE RD., SUITE 130
SOLON, OH 44139

New Mailing Address:

FEI Number: 51-0376977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NEVADAMAX, INC.,
Address: 639 ISBELL ROAD, SUITE 390
City-St-Zip: RENO, NV 89509

Title: MGRM ( ) Delete
Name: NEVADAMAX LIMITED PA, RTNERSHIP
Address: 639 ISBELL ROAD, SUITE 390
City-St-Zip: RENO, NV 89509

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEVADAMAX, INC.,
Address: 2215 B RENAISSANCE DRIVE, SUITE 5
City-St-Zip: LAS VEGAS, NV 89119

Title: MGRM (X) Change ( ) Addition
Name: NEVADAMAX LIMITED PA, RTNERSHIP
Address: 2215 B RENAISSANCE DRIVE, SUITE 5
City-St-Zip: LAS VEGAS, NV 89119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD D. ARMBRUSTER TREA 04/19/2005

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