## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000008906

1. Entity Name **OUR AIR, LLC** 



**FILED** Jan 08, 2008 08:00 AM Secretary of State

Principal Place of Business

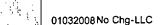
1905 NW 51 STREET

43C

FT. LAUDERDALE, FL 33309

Mailing Address

PO BOX 132 FREEDOM, WY 83120



CR2E083 (12/07)

4 FEI Number 52-2321715

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of egistered agent and title if applicable

KAISER, MARC 730 S. DEERFIELD AVENUE SUITE 8

DEERFIELD BEACH, FL 33441

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		atement for the purpose of ci	nanging its registered office	or registered agent, or	both, in the State of Florida.	I am familiar with, and	d accept
the obligations	of registered agent.	f					
~					/	3-08	
SIGNATURE					,	100	

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000775843 01/08/08-80046-012 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAKAI AVIATION 730 SOUTH DEERFIELD AVENUE # 8 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AQUATIC INNOVIATIONS, INC. PO BOX 132 FREEDOM, WY 83120	
TITLE NAME STREET ADDRESS GITY-SI-ZIP	MGRM OCEAN AIR LAND DEVELOPMENT, INC. 1 SOUTH OCEAN BLVD. BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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I hereby certify that the information supplied with this fing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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 feceiver or trustee employered 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