


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90123 041 ****50.00

DOCUMENT# L03000021824

1. EntityName
 AIRWAY HEATING AND AIR L.L.C.



PrincipalPlaceofBusiness MailingAddress
 2002 HIGH ST 2002 HIGH ST
 LEESBURG, FL 34748 LEESBURG, FL 34748

2. PrincipalPlaceofBusiness 3. MailingAddress
 Suite,Apt.#,etc. Suite,Apt.#,etc.

City&State City&State

Zip Country Zip Country

02092004 Chg-LLC CR2E083(10/03)

4. FEINumber
 74-3096273 AppliedFor
 NotApplicable

5. CertificateofStatusDesired \$5.00 Additional FeeRequired



6. NameandAddressofCurrentRegisteredAgent
 NAPPI, JASON
 2002 HIGH ST
 LEESBURG, FL 34748

7. NameandAddressofNewRegisteredAgent
 Name
 StreetAddress (P.O.BoxNumberisNotAcceptable)
 City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgentsignaturerequiredwherereinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jason Nappi 2002 High Street Leesburg, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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:  **Jason Nappi, Manager 2/2/04 352-307-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#