2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000054599

1. Entity Name

NATIONSAIR CONDITIONING & REFRIG. CONTRACTOR

6. Name and Address of Current Registered Agent



FILED Feb 28, 2005 08:00 AM Secretary of State

Principal Place of Business

2803 A BOUGAINVILLEA STREET SARASOTA, FL 34239 Mailing Address

2803 A BOUGAINVILLEA STREET SARASOTA, FL 34239



DO NOT WRITE IN THIS SPACE

I. FEI Number	L		Applied For
65-0496321			Not Applicable
	4	_	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

MINH, NGUYEN THANH DO NOT WRITE 2803 A BOUGAINVILLEA STREET SARASOTA, FL 34239 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, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE NGUYEN, MINH THANH NAME 2803 A BOUGAINVILLEA STREET STREET ADDRESS Hittatia (249, 24) E 070.78.784-200388-011 **50 (0**) CITY-ST-ZIP SARASOTA, FL. 34239 TITLE NAME BIET, TRA THI STREET ADDRESS 2803 A BOUGAINVILLEA STREET CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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. I further certify that the information
	indicated on the record in true and see yell and the migliocontrol should be seen be a seen beautiful the migliocontrol should be seen a seen beautiful the migliocontrol should be seen a seen beautiful the migliocontrol should be seen a seen beautiful the migliocontrol should be seen as the seen as th
	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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Fab 23,05

Daytime Phone #