

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023450

**FILED**  
**Jan 02, 2007**  
**Secretary of State**

**Entity Name:** ADVANTAGE AIR CONDITIONING OF INDIAN RIVER, LLC

**Current Principal Place of Business:**

1549 OLD DIXIE HWY  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

1549 OLD DIXIE HWY  
VERO BEACH, FL 32960 US

**New Mailing Address:**

FEI Number: 20-2493600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SWANSON, JAMES  
1549 OLD DIXIE HWY  
VERO BEACH, FL 32960 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABSOLUTE AIR INC,  
Address: 1549 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM ( ) Delete  
Name: AIR CONDITIONING COM, PANY, INC  
Address: 1549 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ORCHID AIR CONDITION, ING COMPANY, I N C  
Address: 1549 OLD DIXIE HWY  
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES K SWANSON

MGRM

01/02/2007

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