

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094904

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: TREMEN AIR RENTAL, LLC

**Current Principal Place of Business:**

238 PONTE VEDRA PARK DR  
UNIT 101  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

238 PONTE VEDRA PARK DR  
UNIT 101  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

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

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

RAIKE, GAIL  
238 PONTE VEDRA PARK DR  
UNIT 101  
PONTE VEDRA BEACH, FL 32082 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: PARSONS, WALTER  
Address: 238 PONTE VEDRA PARK DR, UNIT 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: CAMPANARO, RICHARD  
Address: 238 PONTE VEDRA PARK DR, UNIT 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: RAIKE, GAIL  
Address: 238 PONTE VEDRA PARK DR, UNIT 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL RAIKE

M/M

01/07/2008

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