

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024695

1. Entity Name
AIR-PRO, LLC



Principal Place of Business

6900 N.W. 52ND ST.
MIAMI, FL 33166

Mailing Address

6900 N.W. 52ND ST.
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
20-0961491

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE, 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QUEVEDO, BEN
STREET ADDRESS	6900 N.W. 52ND ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	CONESE, EUGENE
STREET ADDRESS	6900 N.W. 52ND ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGRM
NAME	CASERTA, BEN
STREET ADDRESS	6900 N.W. 52ND ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	BROADMEADOW, EDWARD T
STREET ADDRESS	6900 N.W. 52ND ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	RYAN, MICHAEL
STREET ADDRESS	6900 N.W. 52ND ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000412269
02/10/06-80038-021 55.00

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11. I hereby certify that the information supplied with this filing 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 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:

Ben Caserta

01/09/06 305 592-2625

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

Date

Daytime Phone #