

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014422

Entity Name: AIR FARMER, LLC

FILED  
May 02, 2007  
Secretary of State

**Current Principal Place of Business:**

8801 BISCAYNE BLVD.  
SUITE 105  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 414509  
MIAMI BEACH, FL 33141

**New Mailing Address:**

PO BOX 414214  
MIAMI BEACH, FL 33141

FEI Number: 65-1137198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MORANA, FRED  
8801 BISCAYNE BLVD.  
SUITE 105  
MIAMI, FL 33138 US

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: MORANA, ALFRED  
Address: 8801 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33138

Title: MGRM ( ) Delete  
Name: MORANA, CARMEN  
Address: 8801 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES:**

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: ALFRED MORANA

MGRM

05/02/2007

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