


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015572</b> 1. Entity Name LAK AIR, L.L.C.	
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Principal Place of Business 6484 HIGHRIDGE ROAD LANTANA FL 33462	Mailing Address 6484 HIGHRIDGE ROAD LANTANA FL 33462
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	4. FEI Number <b>65-1140291</b>
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Applied For  
Not Applied

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BLODIG, GREGORY J</b> <b>100 W. CYPRESS CREEK ROAD</b> <b>SUITE 700</b> <b>FT. LAUDERDALE FL 33309</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____	DATE _____
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete HANSEN, THOMAS C 3955 CORRIGAN COURT LAKE WORTH FL 33461
NAME	MGR <input type="checkbox"/> Delete
STREET ADDRESS	RICH, ELLA M
CITY ST ZIP	PMB 132663, 3590 ROUND BOTTOM RD CINCINNATI OH 04244-3026
TITLE	MGR <input type="checkbox"/> Delete
NAME	PUTZ, GALE
STREET ADDRESS	252 ORANGE TREE DR
CITY ST ZIP	ATLANTA FL 33462
TITLE	MGR <input type="checkbox"/> Delete
NAME	NEIL, DEBARA LEE
STREET ADDRESS	4614 GULFSTREAM ROAD
CITY ST ZIP	LAKE WORTH FL 33461
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000612538
STREET ADDRESS	02/05/07-80002-017 50.00
CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Thomas C Hansen  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE