


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L02000012982 1. Entity Name FLORIDA AIR COMFORT SERVICES, LLC	
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Principal Place of Business 1019 EAST AVENUE N SARASOTA, FL 34237	Mailing Address 1019 EAST AVENUE N SARASOTA, FL 34237
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01162006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1525641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, SCOTT 1019 EAST AVENUE N SARASOTA, FL 34237
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, SCOTT 1019 EAST AVENUE N. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSSE, DONALD G 7916 OSPREYHAMMOCK COURT SARASOTA, FL 34240
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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.

DONALD BUSSE *MEMBER*

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *4-26-06* *941-955-2808*