2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029130

1. Entity Name
AIR USA, LLC

Principal Place of Business	Mailing Address
1816 EAGLES CREST DR PORT ORANGE, FL 32128	2752 AUTUMN LEAVES DR PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
52-2386418	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POTTS, LEON
1995 ROYAL TROON COURT
PORT ORANGE, FL 32128

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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 _____

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, 2007**

9.	MANAGING MEMBERS/MANAGERS
TITLE	VPT
NAME	POTTS, LEON
STREET ADDRESS	1995 ROYAL TROON COURT
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	P
NAME	SHAD, CONRAD P
STREET ADDRESS	1816 EAGLES CREST DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	ST
NAME	WALLIN, WAYNE
STREET ADDRESS	2752 AUTUMN LEAVES DR
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80006-008 50.00

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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: _Wayne Wallin_   3/19/07   386.756.1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #