2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029130

Entity Name: AIR USA, LLC

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1816 EAGLES CREST DR 2752 AUTUMN LEAVES DR PORT ORANGE, FL 32128 PORT ORANGE, FL 32128

Current Mailing Address: New Mailing Address:

2752 AUTUMN LEAVES DR PORT ORANGE, FL 32128

FEI Number: 52-2386418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONRAD, SHAD

1816 EAGLES CREST DRIVE

PORT ORANGE, FL 32128 US

WALLIN, WAYNE

2752 AUTUMN LEAVES DR

PORT ORANGE, FL 32128 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: WAYNE E WALLIN 03/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 P () Delete
 Title:
 VP (X) Change () Addition

 Name:
 SHAD, CONRAD P
 Name:
 MCCORMICK, HERBERT JR.

 Address:
 1816 EAGLES CREST DRIVE
 Address:
 1806 LINDBERG LANE

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: ST () Delete Title: () Change () Addition

 Name:
 WALLIN, WAYNE
 Name:

 Address:
 2752 AUTUMN LEAVES DR
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

Title: VPT () Delete Title: P (X) Change () Addition

 Name:
 NORRIS, ALAN
 Name:
 NORRIS, ALAN

 Address:
 646 N RIVERSIDE DR
 Address:
 646 N RIVERSIDE DR

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: WAYNE E WALLIN ST 03/28/2009