

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034658

Entity Name: AIR SCIENCE USA, LLC

FILED  
Mar 13, 2007  
Secretary of State

**Current Principal Place of Business:**

610 CENTER ROAD  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

610 CENTER ROAD  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 54-2089015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASSIE, CHARLES ABELS  
12065 METRO PARKWAY, SUITE 101  
FORT MYERS, FL 339121368 US

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

MASSIE, CHARLES ABELS  
15671 SAN CARLOS BLVD.  
STE. 201  
FORT MYERS, FL 33908 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:

03/13/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAMBRE, DIANE D  
Address: 4560 ESTERO #501  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM ( ) Delete  
Name: CHAMBRE, PAUL  
Address: 1060 N. WATERWAY DR  
City-St-Zip: FORT MYERS, FL 33919

**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 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: PAUL CHAMBRE

MGMB

03/13/2007

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