

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034658

Entity Name: AIR SCIENCE USA, LLC

FILED  
Feb 13, 2008  
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:**

P.O. BOX 62296  
FORT MYERS, FL 33906-629

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  
15671 SAN CARLOS BLVD.  
STE. 201  
FORT MYERS, FL 33908 US

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

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:

\_\_\_\_\_  
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 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

MGM

02/13/2008

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