


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 017 \*\*\*\*50.00

<b>DOCUMENT # L03000011244</b>	
1. Entity Name <b>DOVER AIR, L.L.C.</b>	

Principal Place of Business <b>401 EAST JACKSON STREET, STE. 2400 TAMPA FL 33602</b>	Mailing Address <b>401 EAST JACKSON STREET, STE. 2400 TAMPA FL 33602</b>
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2. Principal Place of Business - No P.O. Box # <b>5415 Mariner Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Tampa, Florida</b> Zip <b>33609</b>	3. Mailing Address <b>5415 Mariner Street</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Tampa, Florida</b> Zip <b>33609</b>
Country <b>USA</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>00-5462664</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>GARDNER, MERRITT A 401 EAST JACKSON STREET, STE. 2400 TAMPA FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Merritt A. Gardner</b> Street Address (P.O. Box Number is Not Acceptable) <b>5415 Mariner St., Ste. 200</b> City <b>Tampa</b> FL Zip Code <b>33609</b>

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 *Merritt A. Gardner* 2/27/2007  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PRIDE, ROBERT B 275 SHORE RD NORTH BOWENBANK ME 04426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert B. Pride* 3/15/07 207-564-3578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #