

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000035972

FILED
Feb 28, 2006
Secretary of State**Entity Name:** ENGINEERED AIR, LLC**Current Principal Place of Business:**36 MINNETONKA ROAD
SEA RANCH LAKES, FL 33308 US**New Principal Place of Business:**1700 BANKS ROAD
MARGATE, FL 33063 US**Current Mailing Address:**36 MINNETONKA ROAD
SEA RANCH LAKES, FL 33308 US**New Mailing Address:**1700 BANKS ROAD
MARGATE, FL 33063 US**FEI Number:** 20-0242224**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOKOLOW, ELLIOT P
36 MINNETONKA ROAD
SEA RANCH LAKES, FL 33308 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: SOKOLOW, ELLIOT P
Address: 36 MINNETONKA ROAD
City-St-Zip: SEA RANCH LAKES, FL 33063 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: MEYER, CHARLES J
Address: 1700 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 USTitle: MGRM () Change (X) Addition
Name: DUFF, DENNIS A
Address: 1700 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

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: ELLIOT P SOKOLOW

MGRM

02/28/2006

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