

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038825**

1. Entity Name  
**NORTH AMERICAN AIR, LLC**



Principal Place of Business  
**7315 HUDSON AVE.  
HUDSON, FL 34667**

Mailing Address  
**7315 HUDSON AVE.  
HUDSON, FL 34667**



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>74-3106662</b>                        | Applied For<br><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**

**ZSCHAU,  
2701 N. ROCKY POINT DR., STE. 930  
TAMPA, FL 33607**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | <b>MGR</b>              |
| NAME           | <b>BONATI, ALFRED O</b> |
| STREET ADDRESS | <b>7315 HUDSON AVE</b>  |
| CITY-ST-ZIP    | <b>HUDSON, FL 34667</b> |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| CITY-ST-ZIP    |  |

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05/10/06-80085-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Alfred O. Bonati* **Manager**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-25-05 (727) 868-9563**  
Date Daytime Phone #