


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 010 ***138.75

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
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60016291



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292008 Chg-LLC CR2E083 (12/06)

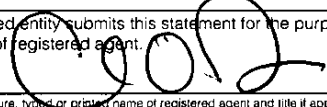
City & State	City & State
Zip	Country

4. FEI Number 74-3106682	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ZSCHAU, 2701 N. ROCKY POINT DR., STE. 930 TAMPA, FL 33607	


7. Name and Address of New Registered Agent	
Name Christian F. O'Ryan	
Street Address (P.O. Box Number is Not Acceptable) 2701 North Rocky Point Dr.	
Suite 900	
City Tampa	FL Zip Code 33607

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 3/14/08 (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONATI, ALFRED O 7315 HUDSON AVE HUDSON, FL 34667 <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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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Alfred O. Bonati, Manager Date 3/12/08	727-868-9563 Daytime Phone #
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