2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000047889

1. Entity Name
AIR AFFECTS LLC

14001307

Principal Place of Business	Mailing Address
369 BLANDINS BLVD., #903 APOPKA, FL 32703	1309 YELLOWSTONE DR. ORANGE PARK, FL 32065

03212005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business
1031 Blanding Blvd.
Suite, Apt. #, etc.
Unit 405
City & State *Orange Park FL*
Zip *32065* Country *USA*

3. Mailing Address
1956 Choctaw Trl.
Suite, Apt. #, etc.
City & State *Middleburg, FL*
Zip *32068* Country

4. FEI Number
92-0180904
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STURDIVANT, ERVIN 1309 YELLOWSTONE DR. ORANGE PARK, FL 32065	Name Street Address (P.O. Box Number is Not Acceptable) *1956 Choctaw Trail* City *Middleburg* FL Zip Code *32068*

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE	P	☐ Delete	TITLE	*1956 Choctaw Trail*	☑ Change ☐ Addition
NAME	STURDIVANT, ERVIN		NAME	*Middleburg, FL 32068*	
STREET ADDRESS	1309 YELLOWSTONE DR.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	ST	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PRINCE, ALICE		NAME		
STREET ADDRESS	1988 CALUSTA TR.		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	*Dawn Ward*	☑ Change ☐ Addition
NAME	WAD, DAWN		NAME	*1956 Choctaw Trail*	
STREET ADDRESS	1309 YELLOWSTONE DR.		STREET ADDRESS	*Middleburg, FL 32068*	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ervin M Sturdivant*   *Apil 22 05*   *276-0204*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #