

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048050

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: OCEANAIR INDOOR AIR QUALITY LLC

**Current Principal Place of Business:**

6003 PENINSULAR AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1107 KEY PLAZA  
PMB330  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 55-0853890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, BRANDT A  
27365 GUADALOUPE LN.  
RAMROD KEY, FL 33042 US

**Name and Address of New Registered Agent:**

LEWIS, BRANDT A  
1107 KEY PLAZA #330  
KEY WEST, FL 33040 US

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:

01/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, BRANDT A  
Address: 27365 GUADALOUPE LN.  
City-St-Zip: RAMROD KEY, FL 33042

Title: MGRM ( ) Delete  
Name: LEWIS, NANCY A  
Address: 27365 GUADALOUPE LN.  
City-St-Zip: RAMROD KEY, FL 33042

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEWIS, BRANDT A  
Address: 1107 KEY PLAZA #330  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change ( ) Addition  
Name: LEWIS, NANCY A  
Address: 1107 KEY PLAZA #330  
City-St-Zip: KEY WEST, FL 33040

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: BRANDT LEWIS

MGRM

01/17/2007

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