

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90201 003 ****50.00

DOCUMENT # L04000035440

1. Entity Name
 ECONOMY AIR CONDITIONING, LLC



Principal Place of Business
 5630 RALEIGH STREET
 HOLLYWOOD, FL 33021 US

Mailing Address
 5630 RALEIGH STREET
 HOLLYWOOD, FL 33021 US

2. Principal Place of Business
 5641 MCKINLEY STREET
 Suite, Apt. #, etc.

3. Mailing Address
 5641 MCKINLEY STREET
 Suite, Apt. #, etc.

City & State
 Hollywood, FL


City & State
 Hollywood, FL

Zip
 33021

Country

Zip
 33021

Country



02252006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-1101720

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LY, KEIT
 5630 RALEIGH STREET
 HOLLYWOOD, FL 33021

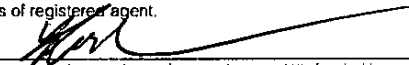
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 5641 MCKINLEY STREET

City Hollywood FL Zip Code 33021

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  DATE 03-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LY, KEIT 5630 RALEIGH STREET HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5641 MCKINLEY STREET HOLLYWOOD, FL 33021
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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:  KEIT LY DATE 03-12-06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE