
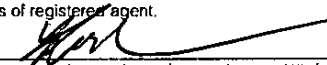
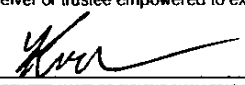


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000035440</b> 1. Entity Name <b>ECONOMY AIR CONDITIONING, LLC</b>					
Principal Place of Business <b>5630 RALEIGH STREET</b> <b>HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>5630 RALEIGH STREET</b> <b>HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business <b>5641 MCKINLEY STREET</b> Suite, Apt. #, etc.			3. Mailing Address <b>5641 MCKINLEY STREET</b> Suite, Apt. #, etc.		
City & State <b>Hollywood, FL</b> Zip <b>33021</b>			City & State <b>Hollywood, FL</b> Zip <b>33021</b>		
4. FEI Number <b>20-1101720</b>			Applied For <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  <b>LY, KEIT</b> <b>5630 RALEIGH STREET</b> <b>HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>5641 MCKINLEY STREET</b>  City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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 <b>03-12-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LY, KEIT</b> <b>5630 RALEIGH STREET</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5641 MCKINLEY STREET</b> <b>HOLLYWOOD, FL 33021</b>	<input checked="" 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
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
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
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
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: 			<b>Keit Ly</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>03-12-06</b> Daytime Phone #		