2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000067332

1. Entity Name

AIR FLOW DESIGNS - WEST, LLC



FILED Feb 20, 2006 08:00 AM **Secretary of State**

Principal Place of Business

250 JASMINE ROAD

CASSELBERRY, FL 32707

Mailing Address

PO BOX 180308

CASSELBERRY, FL 32718-7308



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1621380 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLD, KATHLEEN

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ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202			IN THIS SPACE	
8. The above the obliga	e named entity submits this statement for the purpose of chi tions of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE				
	Signature, typed or printed name of registered agent and title if epplicable.	(NOTE: Registered Agent signature required when reinstating)	CATE	
	iling Fee is \$50.00 bue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	ALLGEO, ROBERT W	ļ.		
STREET ADDRESS	} === 0.12111112 1	į.		
CITY-ST-ZIP	CASSELBERRY, FL 32707		g (All per en	
TITLE	}		U00000439752	
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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 cath; 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:

CITY-ST-ZP

TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

407-871-31N