## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000067333

1. Entity Name AIR FLOW DESIGNS - CENTRAL, 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 20-1621247

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H

## DO NOT WRITE

JACKSONVILLE, FL 32202		IN THIS SPACE		
8. The above the obliga	e named entity submits this statement for $t\underline{h}$ e purpose of chattons of registered agent.	Inging its registered office ar registered agent, or t	ooth, in the State of Florida. I am familiar with, and accep-	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Repistered Apent signature required when reinstating)  DATE		
	iling Fee is \$50.00 tue by May 1, 2006			
g.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANLEY, GEORGE P			
TITLE NAME STREET ADDRESS GITY-SI-ZIP	O'MOLLOWING TO DEPOS		THIRBORIA 39870 03702706 BUGT7-022 SJ. mi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-DP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 508, Florida Statutes.

SIGNATURE:

CHTY-ST-ZIP

7) 831-3601