

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000022046  
 1. Entity Name  
 G B AIR, LLC



Principal Place of Business: 1123 SW PIGEON PLUM WAY, PALM CITY, FL 34990  
 Mailing Address: 2820 MARTIN SY CORP. PKWY, STUART, FL 34994



05142007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2427500	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HENDRY, GARY LOU  
 1123 SW PIGEON PLUM WAY  
 PALM CITY, FL 34990

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

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRY, GARY LOU 1123 SW PIGEON PLUM WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYNUM, BLAIR M 1350 SW DYER POINT ROA PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000764863  
 05/31/07-80015-007 55.00

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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: Gary Herdy 5-14-07 772-600-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #