2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000027823

1. Entity Name
NICE AIR, LLC

Principal Place of Business	Mailing Address
5420 24TH STREET WEST BRADENTON, FL 34207	5420 24TH STREET WEST BRADENTON, FL 34207

DO NOT WRITE IN THIS SPACE

03312007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
01-0832501	Not Applicable

5. Certificate of Status Desired   ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	YATES, RICHARD
STREET ADDRESS	5420 24TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	MGR
NAME	MOLINET, GABRIEL A
STREET ADDRESS	5420 24TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000688405
04/10/07-80082-002 55.00

DO NOT WRITE IN THIS SPACE

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: _____   3/31/07   941-704-144?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #