

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047614

Entity Name: AIRTECHNOLOGY LLC

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

12 GARRITY AVE., STE. C
RONKONKOMA, NY 11779

New Principal Place of Business:

429 ROCKAWAY VALLEY ROAD
MB #11
BOONTON, NJ 07005

Current Mailing Address:

12 GARRITY AVE., STE. C
RONKONKOMA, NY 11779

New Mailing Address:

429 ROCKAWAY VALLEY ROAD
MB #11
BOONTON, NJ 07005

FEI Number: 34-2047598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAWITZ, ROBERT
Address: 12 GARRITY AVE., STE. C
City-St-Zip: RONKONKOMA, NY 11779

Title: MGRM () Delete
Name: CONNER, FRANK
Address: 12 GARRITY AVE., STE. C
City-St-Zip: RONKONKOMA, NY 11779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAWITZ, ROBERT
Address: 429 ROCKAWAY VALLEY ROAD
City-St-Zip: BOONTON, NJ 07005

Title: MGRM (X) Change () Addition
Name: CONNER, FRANK
Address: 429 ROCKAWAY VALLEY ROAD
City-St-Zip: BOONTON, NJ 07005

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK CONNER

MGRM

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date