2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 08, 2007
Secretary of State

DOCUMENT# L05000062121

Entity Name: RESORT AIR, LLC

Current Principal Place of Business:

471 CEDAR AVE.
FREEPORT, FL 32439 US

New Principal Place of Business:

191 PERSIMMON STREET
FREEPORT, FL 32439 US

Current Mailing Address:

471 CEDAR AVE.
FREEPORT, FL 32439 US

New Mailing Address:

191 PERSIMMON STREET
FREEPORT, FL 32439 US

FEI Number: 20-3034584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORBITT, JAMES E
471 CEDAR AVE.
FREEPORT, FL 32439 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:	MGR	( ) Delete
Name:	CORBITT, JAMES E	
Address:	471 CEDAR AVE.	
City-St-Zip:	FREEPORT, FL 32439 US	
Title:	MGRM	( ) Delete
Name:	SAP, CHARLES L	
Address:	169 HIGHLAND ST.	
City-St-Zip:	VALPARAISO, FL 32580 US	
Title:	MGRM	(X) Delete
Name:	LAIRD, CLIFTON C	
Address:	50 POWELL AVE	
City-St-Zip:	FREEPORT, FL 32439	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E CORBITT MGR 11/08/2007

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