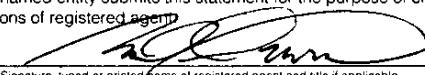
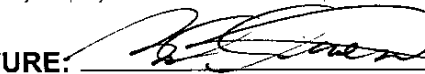


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90010 013 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                   |                                                                     |                                                                                                                                                                                                                                      |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000064049</b><br>1. Entity Name<br><b>AIR SUPPORT INTERNATIONAL, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                   |                                                                     |                                                                                                                                                     |                                                                              |
| Principal Place of Business<br><b>4622 N. HIATUS ROAD<br/>SUNRISE, FL 33351</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                   | Mailing Address<br><b>4622 N. HIATUS ROAD<br/>SUNRISE, FL 33351</b> |                                                                                                                                                                                                                                      |                                                                              |
| 2. Principal Place of Business<br><b>1500 NW 62ND STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | 3. Mailing Address<br><b>1500 NW 62ND STREET</b>  |                                                                     |                                                                                                                                                    |                                                                              |
| Suite, Apt. #, etc.<br><b>SUITE 412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | Suite, Apt. #, etc.<br><b>SUITE 412</b>           |                                                                     |                                                                                                                                                                                                                                      |                                                                              |
| City & State<br><b>FORT LAUDERDALE, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | City & State<br><b>FORT LAUDERDALE, FL</b>        |                                                                     |                                                                                                                                                                                                                                      |                                                                              |
| Zip<br><b>33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Country<br><b>USA</b>                             |                                                                     | 4. FEI Number<br><b>01-0839053</b>                                                                                                                                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | \$5.00 Additional Fee Required                    |                                                                     | 04142006 Chg-LLC CR2E083 (11/05)                                                                                                                                                                                                     |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMAS, MICHAEL<br/>4622 N. HIATUS ROAD<br/>SUNRISE, FL 33351</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                   |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>MARK DWEN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1500 NW 62ND STREET, SUITE 412</b><br>City<br><b>FORT LAUDERDALE</b> FL Zip Code<br><b>33309</b> |                                                                              |
| 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                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    | <b>MARK DWEN</b>                                  |                                                                     | <b>4-13-06</b>                                                                                                                                                                                                                       |                                                                              |
| Filing Fee is \$50.00 Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Make check payable to Florida Department of State |                                                                     |                                                                                                                                                                                                                                      |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                   | 10. ADDITIONS/CHANGES                                               |                                                                                                                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>THOMAS, MICHAEL<br>4622 N. HIATUS ROAD<br>SUNRISE, FL 33351 | <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | MGR<br>MARK DWEN<br>1500 NW 62ND STREET, SUITE 412<br>FORT LAUDERDALE, FL 33309                                                                                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | <b>MARK DWEN</b>                                  |                                                                     | <b>4-13-06 (954)202-6244</b>                                                                                                                                                                                                         |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | Date                                              |                                                                     | Daytime Phone #                                                                                                                                                                                                                      |                                                                              |