2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000077570 1. Entity Name INDOOR AIR SYSTEMS, LLC Principal Place of Business Mailing Address					03-13-2006	90348 041	****50	0.00
315 S. HYDE PARK AVENUE 315 S. HYDE PARK AVENUE TAMPA, FL 33606 TAMPA, FL 33606			UE			11 23 111 (22 11 1 272)	FIIII (3811 8311	EBI 111 IBBI
2. Principal Place of Business 2456 Candlewick St. Suite, Apt. #, etc.		3. Mailing Address 2456 Candlewick St. Suite, Apt. #, etc.		_				
City & State		City & State		01232006 4. FEI Numb	Chg-LLC	CR2E083	<u> </u>	plied For
Delto		Deltona, Flo	rida	20-3259				t Applicable
Zip Country 32738 US		Zip Country 32738 US		5. Certificate	5. Certificate of Status Desired 55.00 Additional Fee Required			
32730	6. Name and Address of Current R			7. Name and	d Address of New R			
HINES JA	MES P ESO		Name					
HINES, JAMES P ESQ. HINES NORMAN HINES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
IAWII A, I I	L 33000		City			FL	Zip Code)
8. The above	named entity submits this statement for	gistered office or reg	gistered agent, or bo	oth, in the State of Flo		iliar with,	and accept	
the obligations of registered agent. SIGNATURE								
	Signature, typed or printed name of registered agent ar	nd Little if applicable. (NOTE: Ri	legistered Agent signature rec	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State			
Fi De	iling Fee is \$50.00 ue by May 1, 2006							•
9,	we by May 1, 2006 MANAGING MEMBER	<u>_</u>	10.			Department	t of State	
Di	MANAGING MEMBER Manager	RS/MANAGERS	10. TITLE NAME		Florida	Department		Addition
9,	we by May 1, 2006 MANAGING MEMBER	<u>_</u>	TITLE		Florida	Department	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER Manager Joycelyn Isbell	<u>_</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	a Departmen: /CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER Manager Joycelyn Isbell	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	a Departmen: /CHANGES	t of State	Addition
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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. 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: CON USULL

SENTATIVE

38-775-3328

HINES NORMAN HINES, P.L.
ATTACHMENT

JAMES P. HINES
RANDY MILLER
CHRISTOPHER H. NORMAN
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20014860 OFFICES IN:
#L050000 77570 UN CITY CENTER

March 9, 2006

Florida Department of State Division of Corporations P. O. Box 6478 Tallahassee, Florida 32314

Re: Indoor Air Systems, LLC

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-referenced limited liability company and check number 7360 in the amount fifty dollars (\$50.00) to cover the cost of filing the Annual Report. If you have any questions, do not hesitate to contact us.

Very truly yours,

Dana Moore

Legal Assistant to Micah G. Keating

JK/dm

Enclosures

cc: Indoor Air Systems, LLC (w/out enclosures)