

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000082548

1. Entity Name

NISAIR MARKET STREET, L.L.C.



06 JUL 13

FILED
OFFICE OF STATE
CORPORATIONS

AM 10:30

Paid CK 1058

Comm

4/20/06

Principal Place of Business

3307 S.W. BESSEY CREEK TRAIL
PALM CITY FL 34990

Mailing Address

3307 S.W. BESSEY CREEK TRAIL
PALM CITY FL 34990



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

off

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-4417685

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MULROONEY, CHRISTINE N
3307 S.W. BESSEY CREEK TRAIL
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Christine Mulrooney

4/10/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NISA, PHILIP JR.
STREET ADDRESS 570 MANOR DRIVE
CITY-ST-ZIP STUART FL 34994

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10. ADDITIONS/CHANGES

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05/08/06 90043 007 \$50.00

06 JUL 13 AM 10:30
SECRETARY
DIVISION OF CORPORATIONS
FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Phil Nisa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/06 (772) 283-0904

Date

Signature Phone

CK 203