


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90027 043 \*\*\*\*50.00

<b>DOCUMENT # L05000082548</b> 1. Entity Name <b>NISAIR MARKET STREET, L.L.C.</b>					
Principal Place of Business <b>3307 S.W. BESSEY CREEK TRAIL</b> <b>PALM CITY, FL 34990</b>			Mailing Address <b>3307 S.W. BESSEY CREEK TRAIL</b> <b>PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box # <b>3700 SO US Hwy 1</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05302007 Chg-LLC CR2E083 (12/06)	
City & State <b>Fort Pierce</b> <b>FL 34982</b>		City & State 		4. FEI Number <b>20-4417685</b>	
Country <b>USA</b>		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MULROONEY, CHRISTINE N</b> <b>3307 S.W. BESSEY CREEK TRAIL</b> <b>PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>3700 SO US Highway one</b> City <b>Fort Pierce</b> State <b>FL</b> Zip Code <b>34982</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NISA, PHILIP JR. 570 MANOR DRIVE STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Philip Nisa</b> MGRM <span style="float: right;">5/29/07 772-466-8115 EXT 209</span>					