2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State

DOCUMENT # L05000083264

1. Entity Name SONAIR, LLC

Principal Place of Business

SIGNATURE: X

400 N HARBOR LIGHTS DR PONTE VEDRA BEACH, FL 32081 Mailing Address

400 N HARBOR LIGHTS DR PONTE VEDRA BEACH, FL 32081



DO NOT WRITE IN THIS SPACE

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

03212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5093405

S. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R 841 PRUDENTIAL DRIVE, SUITE 1400 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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				
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000876336 04/11/08-80069-004	138.75
9.	MANAGING MEMBERS/MANAGERS		1	
TITLE	MGRM	, , , , , , , , , , , , , , , , , , , ,	*	
NAME	WATSON, JAMES D		•	
STREET ADDRESS	400 N HARBOR LIGHTS DR			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32081			
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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. 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes				