


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-27-2006 90013 039 ****50.00

DOCUMENT # L05000095593			
1. Entity Name FULLER AIR, L. L. C.			
Principal Place of Business 829 LAKE AGNES DRIVE POLK CITY, FL 33868 US		Mailing Address 829 LAKE AGNES DRIVE POLK CITY, FL 33868 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when necessary)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, WARREN R 829 LAKE AGNES DRIVE POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, SHARON M 829 LAKE AGNES DRIVE POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 118, 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 606, Florida Statutes.			
SIGNATURE: <i>X Sharon Fuller</i>		Date: 4-24-06 863-559-7996	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SPONSORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3547390 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required