


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 003 ****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 - No P.O. Box #		3. Mailing Address PO BOX 225	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Polk City FL	
City & State		City & State 33868	
Zip	Country	Zip	Country USA



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3547390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent -		7. Name and Address of New Registered Agent	
KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**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 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 William C. Keith

date 4/30/07