

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000099528

1. Entity Name
NEWZAIR, LLC



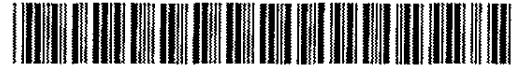
Principal Place of Business

6401 CONGRESS AVE., SUITE 240
BOCA RATON, FL 33487

Mailing Address

6401 CONGRESS AVE., SUITE 240
BOCA RATON, FL 33487

FILED
Mar 16, 2007 08:00 AM
Secretary of State



01312007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-3621267

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.
848 BRICKELL AVE., SUITE 750
MIAMI, FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MELTZER, BARRY
STREET ADDRESS	6401 CONGRESS AVE., SUITE 240
CITY-ST-ZIP	BOCA RATON, FL 33487

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03/27/07-80060-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Barry Meltzer*

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

Date

Daytime Phone #

✓ 3/12/07