

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000110153			
1. Entity Name BECKER AIR, LLC			
Principal Place of Business 2627 S. JENKINS ROAD FORT PIERCE, FL 34981		Mailing Address 2627 S. JENKINS ROAD FORT PIERCE, FL 34981	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01152007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4526337		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, GEORGE G JR 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name HURLEY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 2627 S. JENKINS ROAD City FORT PIERCE FL 34981	
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  CEO		DATE 4/17/07	
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 BECKER HOLDING CORPORATION <input type="checkbox"/> Delete 2627 S. JENKINS ROAD FORT PIERCE, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400098299264 04/24/07--01051--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSSON, JEFFREY <input type="checkbox"/> Delete 2627 SOUTH JENKINS RD FORT PIERCE, FL 34981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSSON, JEFFREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2627 S. JENKINS ROAD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURLEY, THOMAS W <input type="checkbox"/> Delete 2627 SOUTH JENKINS RD FORT PIERCE, FL 34981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEASLEY, WALTER G. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2627 S. JENKINS ROAD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Thomas Hurley		DATE 4/17/07 772-595-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	