

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025138

FILED
Jan 16, 2007
Secretary of State

Entity Name: VOLTAIR CONSULTING ENGINEERS LLC

Current Principal Place of Business:

500 NORTH WESTSHORE BOULEVARD
SUITE 525
TAMPA, FL 33609

New Principal Place of Business:

10011 CYPRESS SHADOW AVE
TAMPA, FL 33647

Current Mailing Address:

500 NORTH WESTSHORE BOULEVARD
SUITE 525
TAMPA, FL 33609

New Mailing Address:

10011 CYPRESS SHADOW AVE
TAMPA, FL 33647

FEI Number: 20-4452969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEPHEN
500 NORTH WESTSHORE BOULEVARD
SUITE 525
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

RIVERA, JORGE
208 63RD AVE. SOUTH
ST PETERSBURG, FL 33705 US

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.

SIGNATURE: JORGE L RIVERA

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, JULIUS
Address: 10011 CYPRESS SHADOW AVE.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: RIVERA, JORGE L
Address: 208 63RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE L RIVERA

MGRM

01/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date