

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053325

Entity Name: CRISPAIR LLC

FILED  
May 04, 2007  
Secretary of State

## Current Principal Place of Business:

1111 KANE CONCOURSE  
SUITE 501  
BAY HARBOR ISLANDS, FL 33154 US

## New Principal Place of Business:

## Current Mailing Address:

1111 KANE CONCOURSE  
SUITE 501  
BAY HARBOR ISLANDS, FL 33154 US

## New Mailing Address:

FEI Number: 03-0592728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ARNEL V. ORTEGA, P.A.  
1111 KANE CONCOURSE  
SUITE 501  
BAY HARBOR ISLANDS, FL 33154 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ORTEGA, ARNEL V  
Address: 1111 KANE CONCOURSE, SUITE 501  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: MGRM ( ) Delete  
Name: MCCAFFREY, CHARLES G IV  
Address: 1111 KANE CONCOURSE, SUITE 501  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: MGRM ( ) Delete  
Name: PERRY, STEPHEN C  
Address: 90 KERRY PLACE, SUITE 2  
City-St-Zip: NORWOOD, MA 02062 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

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

Title: MGRM ( ) Change (X) Addition  
Name: GILMORE, DONNA  
Address: 90 KERRY PLACE, SUITE 2  
City-St-Zip: NORWOOD, MA 02062 US

I hereby certify that the information supplied with this filing does not qualify 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: ARNEL ORTEGA

MGRM

05/04/2007

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