2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071558

Address:

City-St-Zip:

Entity Name: AIR COMMANDER HOVERCRAFT, LLC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 838 SW MUNJACK CIRCLE 4252 BANDY BLVD PORT ST LUCIE, FL 34986 FORT PIERCE, FL 34981 **Current Mailing Address: New Mailing Address:** 838 SW MUNJACK CIRCLE 4252 BANDY BLVD PORT ST LUCIE, FL 34986 FORT PIERCE, FL 34981 FEI Number: 20-5223668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAUL, BETTENCOURT PAUL, BETTENCOURT 838 SW MUNJACK CIRCLE 4252 BANDY BLVD US FORT PIERCE, FL 34981 US PORT ST LUCIE, FL 34986 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: PAUL BETTENCOURT 01/05/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete PAUL, BETTENCOURT Name: Name: 838 SW MUNJACK CIRCLE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34986 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: JOHN, PIMM Name: Address: 17310 TEUNIS DRIVE, BOX 527 Address: City-St-Zip: SPRING LAKE, MI 49456 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILLIAM, NORDLUND Name: Name: 838 SW MUNJACK CIRCLE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition NORDLUND, WILLIAM Name: Name:

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.

Address:

City-St-Zip:

644 CHAPMAN AVE

PORT ST LUCIE, FL 34984

SIGNATURE: PAUL BETTENCOURT MGR 01/05/2007