


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90041 014 \*\*\*\*50.00

<b>DOCUMENT # L06000104538</b>	
1. Entity Name <b>PRESIDENTIAL AIR, LLC</b>	

Principal Place of Business <b>2875 NE 191 STREET SUITE 400 AVENTURA, FL 33180</b>	Mailing Address <b>2875 NE 191 STREET SUITE 400 AVENTURA, FL 33180</b>
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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

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5785168</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>JARVIS &amp; ASSOCIATES, P.A. 1500 SAN REMO SUITE 145 CORAL GABLES, FL 33146</b>	

7. Name and Address of New Registered Agent	
Name <b>Joan Papadakis</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2875 N.E. 191st Street</b>	
Suite 400	
City <b>Aventura</b>	FL Zip Code <b>33180</b>

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 <b>Joan Papadakis</b>	<b>Joan Papadakis, CFO</b>	DATE <b>1/25/07</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GORDON, MARK J 2875 NE 191 STREET, SUITE 400 AVENTURA, FL 33180</b> <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
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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: <b>Mark J. Gordon</b>	DATE: <b>4/9/07</b> DAYTIME PHONE: <b>305-370-7100</b>