


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2007-90035-021-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 26 PM 2:59

DOCUMENT # L06000116307					
1. Entity Name VILLAGE AIR LLC					
Principal Place of Business 8279 N US HWY 301 WILDWOOD, FL 34785			Mailing Address 8279 N US HWY 301 WILDWOOD, FL 34785		
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	09102007 Chg-LLC CR2E083 (12/06) 4. FEI Number <u>54-2095361</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZITO, JAMIE 8279 N US HWY 301 WILDWOOD, FL 34785			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POULSON, JO P.O. BOX 511 OXFORD, FL 34484 <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: <u>Jo Poulson Mar.</u>			Date: <u>9/10/07</u> Daytime Phone #: <u>352-748-5741</u>		