

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093420

Entity Name: EVANGELINE'S AIR LLC

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

433 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

433 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 26-0905095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

PORGES, DONALD K  
433 PLAZA REAL  
275  
BOCA RATON, FL 33432 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: DONALD PORGES

01/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: EVANGELINES INVESTME, NT INC  
Address: 433 PLAZA REAL, SUITE 275  
City-St-Zip: BOCA RATON, FL 33432

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

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: PORGES, DONALD K  
Address: 433 PLAZA REAL SUITE 275  
City-St-Zip: BOCA RATON, FL 33432

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: DONALD K PORGES

MGR

01/16/2008

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