

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
97 MAY -5 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L94000000338</b>
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AIR EXPERTS, L.C.  
606-A NORTH BEAL PARKWAY  
FORT WALTON BEACH FL 32548-3502

1a. Principal Place of Business Address  
606-A NORTH BEAL PARKWAY  
FORT WALTON BEACH FL 32548

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
07/15/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3256490	
5. Date of Last Report	6. Certificate of Status Desired
04/19/1996	See 7a Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
HAUGHT, ALEXANDRA R 5 CLIFFORD DRIVE SUITE 12 SHALIMAR FL 32579		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		000002176490--7 -05/13/97--01061--018 ****203.75 ****203.75 <b>FL</b>	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HARVEY, PAUL D	302 SOMERSTE DRIVE	FORT WALTON BEACH FL
MGR	HARVEY, BRIAN P	4715 YOUNG STREET	CRESTVIEW FL
MEM	HARVEY, BRIAN P	4715 YOUNG STREET	CRESTVIEW FL
MEM	HARVEY, PAUL D	302 SOMERSET DRIVE	FORT WALTON BEACH FL
MEM	HARVEY, JOYCE A	302 SOMERSET DRIVE	FORT WALTON BEACH FL
mGR + mem	WICKER, RICHARD L	4214 Lancaster Dr	Niceville FL
MEM		4715 YOUNG STREET	CRESTVIEW FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  4/30/97 (904) 863-8808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #