

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90438 005 \*\*\*\*50.00

<b>DOCUMENT # M01000001277</b> 1. Entity Name <b>FINNAIR, LLC</b>			
Principal Place of Business <b>C/O KNICKERBOCKER LLC 11450 SE DIXIE HWY STE 203 TAMPA, FL 33606</b>		Mailing Address <b>C/O KNICKERBOCKER LLC 11450 SE DIXIE HWY STE 203 TAMPA, FL 33606</b>	
2. Principal Place of Business - No P.O. Box # <b>11450 SE DIXIE HWY</b> Suite, Apt. #, etc. <b>STE 204</b> City & State <b>HOBE SOUND, FL</b> Zip <b>33455</b>		3. Mailing Address <b>11450 SE DIXIE HWY</b> Suite, Apt. #, etc. <b>STE 204</b> City & State <b>HOBE SOUND, FL</b> Zip <b>33455</b>	
4. FEI Number <b>22-3727205</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03232007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>FINN M.W. CASPERSEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>11450 SE DIXIE HWY, SUITE 202</b> City <b>HOBE SOUND</b> FL Zip Code <b>33455</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, the registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASPERSEN, FINN W 86 GOMEZ RD HOBE SOUND, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11450 SE DIXIE HWY, STE 202 HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered agent empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date _____		Daytime Phone # _____	