


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 042 ***138.75

DOCUMENT # M01000001277 1. Entity Name FINNAIR, LLC	
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Principal Place of Business 11450 SE DIXIE HWY SUITE 204 HOBE SOUND, FL 33455	Mailing Address 11450 SE DIXIE HWY SUITE 204 HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE

02062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3727205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASPERSEN, FINN MW
11450 SE DIXIE HWY
SUITE 202
HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASPERSEN, FINN W 11450 SE DIXIE HWY SUITE 202 HOBE SOUND, FL 33455
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IN THIS SPACE**

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:  **2/27/08 772-545-9040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #