

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002888

Entity Name: NEVAIR OF NEVADA, LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

1801 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 321141243

New Principal Place of Business:

Current Mailing Address:

1801 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 321141243

New Mailing Address:

FEI Number: 81-0574722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNETT, RANDOM R
501 N. GRANDVIEW AVENUE, 3RD FLOOR EAST
DAYTONA BEACH, FL 321183962 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRANCE, BRIAN A
Address: 1801 WEST INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 321141243

Title: MGRM () Delete
Name: CATON, REX
Address: 1801 WEST INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 321141243

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN Z. FRANCE

MGRM

07/07/2006

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