

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90365 043 ****50.00

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DOCUMENT # M06000001218

1. Entity Name
CUMMINGS AIR, LLC



Principal Place of Business Mailing Address
3399 PGA BOULEVARD STE 450 **3399 PGA BOULEVARD STE 450**
PALM BEACH GARDENS, FL 33410 **PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4801 PGA Blvd **4801 PGA Blvd**
Palm Beach Gardens, FL 33418 **Palm Beach Gardens, FL 33418**

Zip **33418** Country **USA** Zip **33418** Country **USA**



01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3092128** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CUMMINGS, KEITH L
3399 PGA BOULEVARD STE 450
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name
4801 PGA Blvd
Palm Beach Gardens, FL 33418

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 *Keith L. Cummings MGR* **KEITH L. CUMMINGS MGR** **4-18-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINGS, PETER D 3399 PGA BOULEVARD STE 450 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINGS, KEITH L 3399 PGA BOULEVARD STE 450 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4801 PGA Blvd Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4801 PGA Blvd Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Keith L. Cummings MGR* **KEITH L. CUMMINGS, MGR** **4-18-07** **561-630-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #