


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000167	
1. Entity Name MICRONAIR, LLC	

Principal Place of Business 163 ACORN LANE COLCHESTER, VT 05446	Mailing Address 163 ACORN LANE COLCHESTER, VT 05446
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DO NOT WRITE IN THIS SPACE

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01152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3429613	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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

DO NOT WRITE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

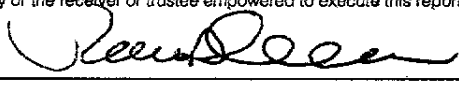
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, MARY 163 ACORN LANE COLCHESTER, VT 05446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, BOB 163 ACORN LANE COLCHESTER, VT 05446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, ROBERT 163 ACORN LANE COLCHESTER, VT 05446
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01/25/05-80105-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/16/05 802 598-6681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #