2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
AIR-SERVE GROUP, LLC

Principal Place of Business
1370 MENDOTA HEIGHTS RD
MENDOTA HEIGHTS, MN 55120

Mailing Address
1370 MENDOTA HEIGHTS RD
MENDOTA HEIGHTS, MN 55120

01042006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
41-1912023
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is $50.00
Due by May 1, 2006

000000398187
01/30/06-80084-011 50.00

MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	MULDOUN, GREG
STREET ADDRESS	1370 MENDOTA HEIGHTS RD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	CFO
NAME	BAUER, TOM
STREET ADDRESS	1370 MENDOTA HEIGHTS RD
CITY-ST-ZIP	MENDOTA HEIGHTS, MN 55120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shannon Miller, Shannon Miller 1/9/06 651-454-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #