2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # L01000005986** 1. Entity Name PARROTT AIR, LLC Mailing Address Principal Place of Business 5672 STRAND CT 5672 STRAND CT SUITE 3 SUITE 3 NAPLES, FL 34110 NAPLES, FL 34110 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1109321 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GODE, LARRY 5672 STRAND CT., STE. 3 NAPLES, FL 34119 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE GODE, LARRY NAME 5672 STRAND CT SUITE 3 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP --- U00000332023 TITLE 04/26/05-80038-014 50.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 of trustee employed to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #