### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #L01000005986

1. Entity Name
PARROTT AIR, LLC

Principal Place of Business

Malling Address

5672 STRAND CT SUITE 3 5672 STRAND CT SUITE 3 NAPLES, FL 34110

NAPLES, FL 34110



FILED

Feb 27, 2006 08:00 AM

**Secretary of State** 

01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1109321 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

GODE, LARRY 5672 STRAND CT., STE. 3 NAPLES, FL. 34119

# DO NOT WRITE IN THIS SPACE

8. The	above named entity submits this statement for the purpose of changobilipations of registered agent.	ging its registered affice or registered agent, or both	, in the State of Florida.	am familiar with, and accept
SIGNA	FURE_ Signature, byced or printed name of negistered eyent and title it applicable	(NOTE Registored Agent signature required when reinstating)		ATE

#### Filing Fee is \$50.00 Due by May 1, 2006

9.	9. MANAGING MEMBERS/MANAGERS	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	P GODE, LARRY 5672 STRAND CT SUITE 3 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CLIY-ST-ZIP		
title Name Street address City-S1-Zip		
NAME SIFELS ADDRESS GITY-ST-ZIP		

Uninem7447415 03/08/06-80057-005 50.00

### DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with kits filling 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 his 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 trusted execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-26-06

Date

Daytime Phone #