2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000008803

1. Entity Name
TIARA AIR, LLC

Principal Place of Business	Mailing Address
13315 NORTH TAMIAMI NAPLES, FL 34110	13315 NORTH TAMIAMI NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number
31-4368856

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM L
10661 AIRPORT PULLING ROAD
SUITE 16
NAPLES, FL 34109

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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 _____ 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

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	GERMAIN, STEPHEN L
STREET ADDRESS	5777 SCARBOROUGH BLVD
CITY-ST-ZIP	COLUMBUS, OH 43232
TITLE	VT
NAME	GERMAIN, ROBERT L JR.
STREET ADDRESS	13315 NORTH TAMIAMI TRIAL
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VS
NAME	GERMAIN, RICHARD B
STREET ADDRESS	4130 MORSE CROSSING RD.
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565856
05/23/06-80001-012 55.00

U00000561584
05/19/06-90028-001 55.00

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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: _____ 4/26/06 614-416-337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #