

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009285

Entity Name: RS AIR, LLC

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

7572 HAWKS LANDING DRIVE
WEST PALM BEACH, FL 33412

New Principal Place of Business:

11610 AVIATION BLVD
SUITE A-4
WEST PALM BEACH, FL 33412

Current Mailing Address:

7572 HAWKS LANDING DRIVE
WEST PALM BEACH, FL 33412

New Mailing Address:

11610 AVIATION BLVD.
SUITE A-4
WEST PALM BEACH, FL 33412

FEI Number: 65-1114973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHOOLEY, CHARLES
Address: 7572 HAWKS LANDING DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM (X) Delete
Name: RIVERA, THOMAS W
Address: P.O. BOX 13606
City-St-Zip: SAN JUAN, PR 009083606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERA, THOMAS W
Address: 11610 AVIATION BLVD., SUITE A-4
City-St-Zip: WEST PALM BEACH, FL 33412

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS W RIVERA

MGRM

02/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date