

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 20, 2005  
Secretary of State**

DOCUMENT# L02000009862

Entity Name: MARISAIR, LLC

**Current Principal Place of Business:**

121 PALM LANE  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

157 SAPODILLA DRIVE  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 20-0276096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHYNE, LESLEY A  
157 SAPODILLA DRIVE  
ISLAMORADA, FL 33036      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JANKOWSKI, SUSAN  
Address: 121 PALM LANE  
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM ( ) Delete  
Name: RHYNE, LESLEY A  
Address: 157 SAPODILLA DRIVE  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: LESLEY A. RHYNE

MGRM

04/20/2005

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