2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

DOCUMENT # L02000011977

AIR PRIDE, LLC



**FILED** Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394

500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394



03082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1607011 Applied For Not Applicable

5. Certificate of Status Desked

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HARDIN, DAVID C 500 EAST BROWARD BOULEVARD, SUITE 1950

## DO NOT WRITE

FT LAUDERDALE, FL 33394		IN THIS SPACE	
8. The above the obligat	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature regulard when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		000000543172 05/10/06-80126-025 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR BAUR, THOMAS 5280 NW 21 AVENUE, HANGER 58 FORT LAUDERDALE, FL 33309 MGR BAUR, CINDY		
STREET ADORESS CITY+ST-ZIP	5280 NW 21 AVENUE, HANGER 58 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	I THIS SPACE
TITLE	1	1	

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 trusted employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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