2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED HAME OF SIGNING MANAGIN

Feb 20, 2006; 08:00 AM Secretary of State DOCUMENT # L03000002711 1. Entity Name EYWAIR, LLC Principal Place of Business Mailing Address 3130 NORTHSIDE DR. 3130 NORTHSIDE DR. KEY WEST, FL 33040 KEY WEST, FL 33040 01122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 46-0517208 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES, ERICA N ESQ. DO NOT WRITE 500 FLEMING STREET KEY WEST, FL 33040 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remailating) DATE U00000439670 Filing Fee is \$50.00 Due by May 1, 2006 03/02/06-80010-012 50.00 MANAGING MEMBERS/MANAGERS 8. MGR TITLE MOORE, RANDY NAME 3130 NORTHSIDE DR. STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 717) F NAME STREET ADDRESS CITY-ST-ZIP TITLE MANAGE STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this living code not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and according and that my supparture shall have the same legal effect as if made under oath; that I am a managing member or manager of the imitted liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receive

G MEMBER OR ANTHORIZED REPRESENTATIVE

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