

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039868

FILED
Jul 26, 2005
Secretary of State

Entity Name: KENDALL AIR, L.L.C.

Current Principal Place of Business:

4471 LEGENDARY DRIVE STE. 200
DESTIN, FL 32541

New Principal Place of Business:

4460 LEGENDARY DRIVE
SUITE 300
DESTIN, FL 32541

Current Mailing Address:

4471 LEGENDARY DRIVE STE. 200
DESTIN, FL 32541

New Mailing Address:

4460 LEGENDARY DRIVE
SUITE 300
DESTIN, FL 32541

FEI Number: 20-1169870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCEACHERN, CHARLES K
4471 LEGENDARY DRIVE STE. 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MCEACHERN, CHARLES K
4460 LEGENDARY DRIVE
SUITE 300
DESTIN, FL 32541 US

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:

07/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCEACHERN, CHARLES K
Address: 4471 LEGENDARY DRIVE STE. 200
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCEACHERN, CHARLES K
Address: 4460 LEGENDARY DRIVE STE. 300
City-St-Zip: DESTIN, FL 32541

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: CHARLES K. MCEACHERN

MGR.

07/26/2005

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