## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L04000048984

1. Entity Name L.S. AIR, LLC

Principal Place of Business 4776 OLD DIXIE HIGHWAY VERO BEACH, FL 32967

Mailing Address

4776 OLD DIXIE HIGHWAY VERO BEACH, FL 32967

## **FILED** Feb 02, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1325139 Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GARRIS, CHARLES E 817 BEACHLAND BLVD. VERO BEACH, FL 32963

STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

7 Tho obour	named entity submits this statement for the purpose of change	ning its registered diffice or registered agent, or hal	h in the State of Florida. Lam familiar with and accent
the obligat	thanted entity southing this statement for the purpose of chang tions of registered agent.	ging its registered prince or registered agent, or not	in, in the diale of florida. I am tamiliar will, and accept
SIGNATURE.	<del>-</del>	1	
SIGNATORE.	Signature, typed or printed name of registered agent and title it applicable	[NOTE, Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006	1	U00000415892 02/11/06-80100-012 50.00
9.	MANAGING MĒMBERS/MANAGĒRS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, E.R. 649 LAKE DRIVE VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TOTLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN -	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE			

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E.R. Smith

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