

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -6 AM 11:02

DOCUMENT # L04000062876 1. Entity Name AIR 906, LLC					
Principal Place of Business 100 2ND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL 33701			Mailing Address 100 2ND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL 33701		
2. Principal Place of Business 4127 48TH Ave. So.		3. Mailing Address 4127 48TH Ave. So.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. Petersburg, FL		City & State ST. Petersburg, FL		4. FEI Number 20-1540472	
Zip 33711		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLARD, WILLIAM C 100 2ND AVENUE SOUTH, SUITE 701 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name John Klinowski Street Address (P.O. Box Number is Not Acceptable) 4127 48TH Ave. So. City ST. Petersburg FL Zip Code 33711	
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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>John Klinowski</u> John Klinowski 6-2-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member John Klinowski 4127-48TH Ave. So. ST. Petersburg, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/27/05--01033--006 \$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member BARBARA KLINOWSKI 4127-48TH AVE. SO ST. PETERSBURG FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member MATTHEW KLINOWSKI 66 CARMANO WOODS DR NE H-D NAPLES FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>John Klinowski</u> John Klinowski			Date 6-2-05 Daytime Phone # 727 867-6977		