2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND THEO OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED TO RESENTATIVE

DOCUMENT # L05000107992 AIRPORT ROAD HOLDINGS, LLC Mainry Address 4300 LEGENDARY DRIVE, SUITE C-204 4300 LEGENDARY DRIVE, SUITE C-204 4301 AQUITE C-204 5310 AQ	·····					1	
ARPORT ROAD HOLDINGS, LLC Pincipal Place of Business Ago LEGENDARY DRIVE, SUITE C-204 DESTIN H, 26541 2. Fincipal Place of Business Suite, Apit, H, etc. City & State Country Zip Country S. Certificate of Status Desired Name and Address of New Registered Agent Name OLSON, RICHARD 4300 LEGENDARY DRIVE, SUITE C-204 DESTIN FL 25541 City & State City & FL Zip Code 8. The above named only admins this statement for the purpose of changing its registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State of Roids. I are laminar with, and accept me obligations of registered agent, or both, in the State. Signature registered agent, or both, in the State. City & FL Zip Code 8. The above named entry admins this statement for the purpose of changing its registered agent, or both, in the State. Divide Phylosophylic admins of Roids and Address of Roids and Address of Roids of Roids. Signature registered agent, or both, in the State. Divide Phylosophylic admins of Roids and Address of Roids and Address	•					FILED SECRETARY OF STATE DIVISION OF CONTRATIONS	
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Addition Signal Appears Annual Control of State					Name		
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 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typica or printed named inspace agent entitled at applicable. (NOTE Registered Agent signature required when remainled) DATE	4300 LEGENDARY DRIVE, SUITE C-204				Street Address (P.O. Box Number is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typical or princed name is registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the state of Florida. (NOTE: Registered Agent oppositive registered agent, or both, in the State of Florida am familiar with, and accept the state of Florida. (NOTE: Registered agent agent oppositive registered agent agent oppositive registered agent ag	520			L			
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