


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 028 ****50.00

DOCUMENT # L05000117743	
1. Entity Name SKYWEST, LLC	

Principal Place of Business 323 PINE TREE DRIVE PANAMA CITY BEACH FL 32413	Mailing Address 323 PINE TREE DRIVE PANAMA CITY BEACH FL 32413
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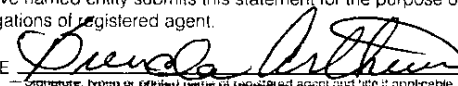
2. Principal Place of Business 323 Pine Tree Dr	3. Mailing Address P.O. Box 6354
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State PANAMA CITY BEACH, FL	City & State MIRAMAR BEACH, FL	4. FEI Number 061761058	Applied For <input type="checkbox"/> Not Applicable
Zip 32413	Country FLA	Zip 33550	Country ALABAMA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. Name and Address of Current Registered Agent ARTHUR, BRENDA L 323 PINE TREE DRIVE PANAMA CITY BEACH FL 32413	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

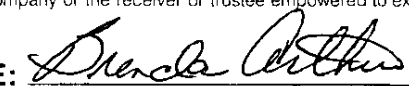
SIGNATURE  DATE 4/17/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTHUR, BRENDA L 323 PINE TREE DRIVE PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTHUR, BRENDA L 323 PINE TREE DRIVE PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  DATE 4/17/06

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