

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043058

FILED  
Feb 08, 2012  
Secretary of State

Entity Name: ADVANTAIRA TRUST, LLC

**Current Principal Place of Business:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 27-0275515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISLAND FINANCIAL SERVICES, INC.  
1520 ROYAL PALM SQ. BLVD  
320  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ISLAND FINANCIAL SERVICES INC  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: HALL, BRANDON  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: KNOWER, THERESA  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: OWENS, DAVID A  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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: DAVID A OWENS

MGR

02/08/2012

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