

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122791

Entity Name: TY AIR, LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

2231 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

2231 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Mailing Address:**

P.O. BOX 11  
PALM BEACH, FL 33480

FEI Number: 26-1725559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TERRY SHELDON, CPA  
2555 SE DIXIE HWY #7  
STUART, FL 34996 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: MGR ( ) Delete  
Name: TY AIR MANAGEMENT, INC.  
Address: 2231 FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TY AIR MANAGEMENT, INC.  
Address: 2231 FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: MGR ( ) Change (X) Addition  
Name: SG AVN LLC  
Address: P.O. BOX 11  
City-St-Zip: PALM BEACH, FL 33480 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT SPIEGEL

MGR

04/17/2009

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