

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90098 005 ****50.00

DOCUMENT # L99000006839 1. Entity Name EAIR, L.L.C.					
Principal Place of Business 12201 NW 107 AVE MEDLEY, FL 33178			Mailing Address 2 BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0956762	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Name GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400 City Miami FL Zip Code 33131		
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		Mark J. Scheer, President 6/12/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, MARIA A 11265 S.W. 32ND STREET MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARROSO, MARIA 7861 N.W. 171ST STREET MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLAN, AUGUSTO H P.O. BOX 490346 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Maria Barroso 5/5/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
			Date: 5/5/06 Daytime Phone #: 305-3764181		