


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90106 037 ****50.00

DOCUMENT # M00000000583

1. Entity Name
AEROTEK AVIATION, LLC



Principal Place of Business
**7301 PARKWAY DR.
 HANOVER, MD 21076**

Mailing Address
**% R. SONES
 7301 PARKWAY DR
 HANOVER, MD 21076**

20003614

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2210266 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P	<input type="checkbox"/> Delete
NAME THORNTON, THOMAS M	
STREET ADDRESS 7301 PARKWAY DR.	
CITY-ST-ZIP HANOVER, MD 21076	
TITLE VPT	<input type="checkbox"/> Delete
NAME BUTZ, WILLIAM	
STREET ADDRESS 7301 PARKWAY DR.	
CITY-ST-ZIP HANOVER, MD 21076	
TITLE S	<input type="checkbox"/> Delete
NAME ROBINSON, SIMON	
STREET ADDRESS 7301 PARKWAY DR.	
CITY-ST-ZIP HANOVER, MD 21076	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director James Davis
STREET ADDRESS	7301 Parkway Drive
CITY-ST-ZIP	Hanover, MD 21076
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Stephen J. Bisciotti
STREET ADDRESS	7301 Parkway Drive
CITY-ST-ZIP	Hanover, MD 21076
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **1/11/05** **410 694-5238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #