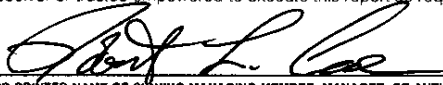


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 021 ****50.00

DOCUMENT # M03000000384 1. Entity Name COVENANT AVIATION SECURITY, LLC					
Principal Place of Business 480 QUADRANGLE DRIVE, STE C BOLINGBROOK, IL 60440				Mailing Address 480 QUADRANGLE DRIVE, STE C BOLINGBROOK, IL 60440	
2. Principal Place of Business 270 Remington Blvd. Suite, Apt. #, etc.		3. Mailing Address 270 Remington Blvd. Suite, Apt. #, etc.			
Suite B City & State Bolingbrook, IL		Suite B City & State Bolingbrook, IL		01052005 Chg-LLC CR2E083 (10/03)	
Zip 60440		Country USA		4. FEI Number 35-2161799	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COE, ROBERT L 480 QUADRANGLE DRIVE, SUITE C BOLINGBROOK, IL 60440 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Coe, Robert L. 270 Remington Blvd., Suite B Bolingbrook, IL 60440 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, JAMES D 55 W. MONROE STREET, SUITE 3500 CHICAGO, IL 60603 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 1/24/05 (630) 771-0800					