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	Mailing Address
480 QUADRANGLE DRIVE, STE C BOLINGBROOK, IL 60440	480 QUADRANGLE DRIVE, STE C BOLINGBROOK, IL 60440

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
270 Remington Blvd.		270 Remington Blvd.	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.: Suite B	
City & State: Bolingbrook, IL		City & State: Bolingbrook, IL	
Zip: 60440	Country: USA	Zip: 60440	Country: USA

4. FEI Number: 35-2161799 ☐ Applied For ☐ Not Applicable

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

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 / 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	MGR JACOBSON, JAMES D 55 W. MONROE STREET, SUITE 3500 CHICAGO, IL 60603	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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] 1/24/05 (630) 771-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #