

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000000755

1. Entity Name
MAGELLAN AIRCRAFT SERVICES LLLP



Principal Place of Business
701 PARK OF COMMERCE BLVD. STE. 100
BOCA RATON, FL 33487

Mailing Address
701 PARK OF COMMERCE BLVD. STE. 100
BOCA RATON, FL 33487

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

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

FILED
05 MAY 24 PM 5:04
BKC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142005 Chg-LP CR2E003 (10/03)

4. FEI Number
55-0842578

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VAUGHAN, AMANDA J
701 PARK OF COMMERCE BLVD. STE. 100
BOCA RATON, FL 33487

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000.00

10. Amount of Capital Contributions in FLORIDA to date. *Filing fee \$2.50*

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L02000001224 MAGELLAN AIRCRAFT SERVICES LLC 701 PARK OF COMMERCE BLVD. STE. 100 BOCA RATON, FL 33487	STREET ADDRESS CITY - ST - ZIP	 700055656207 06/02/05 01030 005 **535.00
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lawrence Grosan* **LAWRENCE GROSAN as V.** 4-12-05 (561)998 4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MAGELLAN AIRCRAFT SERVICES, LLC.** Daytime Phone #

STAPLE CHECK HERE