

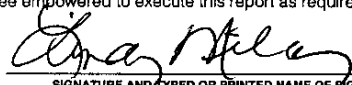


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 AM 11:23

DOCUMENT # B98000000665 1. Entity Name SWISSPORT CARGO SERVICES, L.P.					
Principal Place of Business 45025 AVIAION DRIVE SUITE 350 DULLES, VA 20166-7557			Mailing Address 45025 AVIAION DRIVE SUITE 350 DULLES, VA 20166-7557		
2. Principal Place of Business 45025 AVIAION DR Suite, Apt. #, etc.		3. Mailing Address 45025 AVIAION DR Suite, Apt. #, etc.			
City & State		City & State		01062005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 95-4687865	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. 0.00			
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 #	F94000001437		STREET ADDRESS	45025 AVIAION DR, STE 350	
NAME	SWISSPORT CARGO SERVICES, INC.		CITY-ST-ZIP		
STREET ADDRESS	45025 AVIAION DRIVE, STE 350		STREET ADDRESS		
CITY-ST-ZIP	DULLES, VA 201667557		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			LINDY MILNER 01/26/05 (703) 742-4330		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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