2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:39

DOCUMENT # B98000000665

1. Entity Name
SWISSPORT CARGO SERVICES, L.P.

Principal Place of Business	Mailing Address
45025 AVIAION DRIVE DULLES, VA 20166-7557	45025 AVIAION DRIVE DULLES, VA 20166-7557

04042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
45025 AVIATION DRIVE		45025 AVIATION DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 95-4687865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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	
NAME	SWISSPORT CARGO SERVICES, INC.		
STREET ADDRESS	45025 AVIAION DRIVE, STE 350	CITY-ST-ZIP	
CITY-ST-ZIP	DULLES, VA 201667557		
DOCUMENT #		STREET ADDRESS	100074076601 ~~05/05/06 01030 020 **500.00~~
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] LINDY MILNER 04/04/06 703-742-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #