

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008267

FILED
Jan 13, 2005
Secretary of State

Entity Name: SOUTHERN CROSS AVIATION, LLC

Current Principal Place of Business:

1120 NW 51 COURT
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1120 NW 51 COURT
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1023365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOSMANN, PATRICK C
Address: 1575 WEST COMMERCIAL BOULEVARD, HANGER 35B
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: GUIDO, ERNEST F
Address: 1575 WEST COMMERCIAL BOULEVARD, HANGER 35B
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: JOSE RICARDO CARVALH, O
Address: 1575 WEST COMMERCIAL BOULEVARD, HANGER 35B
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PATRICK HOSMANN

MGRM

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date