


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000005422 1. Entity Name TRADEWINDS AIRCRAFT SERVICES, L.L.C. |  |
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|---|---|
| Principal Place of Business 4700 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073 | Mailing Address 4700 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073 |
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01262006No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 65-1107935 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KREISEL, MARK 4700 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073 |
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IN THIS SPACE**

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 re-registering) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KREISEL, MARK 4700 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073 |
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02/11/06-80024-016 55.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #