2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 17, 2006 08:00 AN Secretary of State DOCUMENT # L01000006110 1. Entity Name FALCONTRUST AIR, L.L.C. Mailing Address Principal Place of Business 14150 SW 129TH STREET 14150 SW 129TH STREET MIAMI, FL 33186 MIAMI, FL 33186 03272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1097917 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOTERO, EDWARD DO NOT WRITE 14150 SW 129TH STREET MIAMI, FL 33186 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2006 U000000515129 MANAGING MEMBERS/MANAGERS Ω. MGRM TITLE SOTERO, EDWARD NAME 14150 SW 129TH STREET STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP TITLE MGRM NAME SOTERO, ALBERT STREET ADDRESS 14150 SW 129TH STREET CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #