


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016942					
1. Entity Name TGS AIRCRAFT MANAGEMENT, L.L.C.					
Principal Place of Business 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173			Mailing Address 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1159362	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173			- 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE	P	<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES	
NAME	SCHUTTE, TERRY G			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6701 NOB HILL ROAD			000000030929	
CITY-ST-ZIP	TAMARAC FL 33321			02/04/04-80127-025 50.00	
TITLE	V	<input type="checkbox"/> Delete			
NAME	BERINGER, ALEXANDER			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6701 NOB HILL ROAD				
CITY-ST-ZIP	TAMARAC FL 33321				
TITLE	S	<input type="checkbox"/> Delete			
NAME	HANSEN, STEVEN L			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6701 NOB HILL ROAD				
CITY-ST-ZIP	TAMARAC FL 33321				
TITLE	T	<input type="checkbox"/> Delete			
NAME	HANSEN, STEVEN L			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6701 NOB HILL ROAD				
CITY-ST-ZIP	TAMARAC FL 33321				
TITLE		<input type="checkbox"/> Delete			
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					

11. 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 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: Steven L. Hansen *Secretary* **1/28/04** **305-670-6770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *