

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90127 004 \*\*\*\*50.00

**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 ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete  
NAME **SCHUTTE, TERRY G**  
STREET ADDRESS **6701 NOB HILL ROAD**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **V** ☒ Delete  
NAME **BERINGER, ALEXANDER**  
STREET ADDRESS **6701 NOB HILL ROAD**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **S** ☐ Delete  
NAME **HANSEN, STEVEN L**  
STREET ADDRESS **6701 NOB HILL ROAD**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **T** ☒ Delete  
NAME **HANSEN, STEVEN L**  
STREET ADDRESS **6701 NOB HILL ROAD**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO, S, T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

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

**STEVEN  
L. HANSEN**

Date

Daytime Phone #

**1/25/05 954-718-3200**