

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017289

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Entity Name:** INTERNATIONAL AIR LOGISTICS LLC

**Current Principal Place of Business:**

100 N BISCAYNE BLVD  
SUITE 2608  
MIAMI, FL 33132

**New Principal Place of Business:**

100 N BISCAYNE BLVD  
SUITE 1001  
MIAMI, FL 33132

**Current Mailing Address:**

100 N BISCAYNE BLVD  
SUITE 2608  
MIAMI, FL 33132

**New Mailing Address:**

100 N BISCAYNE BLVD  
SUITE 1001  
MIAMI, FL 33132

**FEI Number:** 52-2349037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNSTEIN, JEFFREY A  
100 N. BISCAYNE BLVD  
SUITE 2608  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

BERNSTEIN, JEFFREY A  
100 N. BISCAYNE BLVD  
SUITE 1001  
MIAMI, FL 33132 US

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: JEFFREY A. BERNSTEIN, ESQ.

04/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RUEDA, EDUARDO  
Address: 100 N. BISCAYNE BLVD, SUITE 2608  
City-St-Zip: MIAMI, FL 33132 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUEDA, EDUARDO  
Address: 100 N. BISCAYNE BLVD, SUITE 1001  
City-St-Zip: MIAMI, FL 33132 US

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: EDUARDO RUEDA

MGR

04/11/2005

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