

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003221  
 1. Entity Name  
 CORPORATE AIR SUPPORT, LLC



Principal Place of Business: 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394  
 Mailing Address: 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394



01132005No Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 80-0049913 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 HARDIN, DAVID C  
 500 EAST BROWARD BLVD., SUITE 1950  
 FT. LAUDERDALE, FL 33394

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAUR, THOMAS
STREET ADDRESS	5280 NW 21 AVE. HANGER 58
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	MGR
NAME	BAUR, CINDY
STREET ADDRESS	5280 NW 21 AVE. HANGER 58
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000322026  
 04/21/05-80102-014 50.00

**DO NOT WRITE IN THIS SPACE**

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: APR 08 2005 954-772-4690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #