

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011456

FILED
Apr 10, 2006
Secretary of State

Entity Name: KESTREL LINER AGENCIES, L.L.C.

Current Principal Place of Business:

9505 NW 108 AVE
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9505 NW 108 AVE
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 71-0885661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUBER, ADAM ESQ.
8751 WEST BROWARD BLVD #410
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATTISON, MARK
Address: TUDOR ROSE, STUMP LN
City-St-Zip: CHUMSFORD ESSEX CM31AA, UK

Title: MGRM () Delete
Name: THORNE, ANDY
Address: THE GABLES, BOURNE BRIDGE LN
City-St-Zip: STAPLEFORD ABBOTTS, ESSEX, UK

Title: MGRM () Delete
Name: KEATS, STEVEN J
Address: 1208 IRIS COURT
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVEN J. KEATS

MGRM

04/10/2006

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