

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000019626**

1. Entity Name  
SATELLITE LOGISTICS GROUP-FLORIDA, LLC



Principal Place of Business

12300 NW 32ND AVE.  
BUILDING B  
MIAMI, FL 33167

Mailing Address

12621 FEATHERWOOD  
SUITE 390  
HOUSTON, TX 77034

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
33-1041035

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000153236  
05/04/04-80117-021 55.00

9. MANAGING MEMBERS/MANAGERS

|                |                              |
|----------------|------------------------------|
| TITLE          | MGR                          |
| NAME           | BRADY, KEVIN D               |
| STREET ADDRESS | 12621 FEATHERWOOD, SUITE 390 |
| CITY-ST-ZIP    | HOUSTON, TX 77034            |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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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)(f), 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, OR AUTHORIZED REPRESENTATIVE

4/26/04 281-902-5500  
Date Daytime Phone #