

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020750

FILED
Feb 10, 2005
Secretary of State

Entity Name: SKYTERRA, LLC

Current Principal Place of Business:

C/O GERARD P. BRAUN
151 CRANDON BLVD., SUITE 207
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O GERARD P. BRAUN
151 CRANDON BLVD., SUITE 207
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 37-1439377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAUN, GERARD P
151 CRANDON BLVD., SUITE 207
KEY BISCAYNE, FL 33149 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/MEMBERS:

Title: CHRM () Delete
Name: BRAUN, GUSTAV P
Address: 360 NORTH STREET, P.O. BOX 468
City-St-Zip: NORFOLK, CT 06058

Title: V () Delete
Name: BRAUN, THERESE
Address: 360 NORTH STREET, P.O. BOX 468
City-St-Zip: NORFOLK, CT 06058

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRAUN, GUSTAV P
Address: 360 NORTH STREET, P.O. BOX 468
City-St-Zip: NORFOLK, CT 06058

Title: MGRM (X) Change () Addition
Name: BRAUN, THERESE
Address: 360 NORTH STREET, P.O. BOX 468
City-St-Zip: NORFOLK, CT 06058

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: GUSTAV P. BRAUN

MGR

02/10/2005

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