

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031454

FILED
Apr 25, 2005
Secretary of State

Entity Name: ATLANTIC COAST AIRCRAFT STORAGE LLC

Current Principal Place of Business:

7401 AIRPORT RD.
HOLLYWOOD, FL 33023

New Principal Place of Business:

7401 S. AIRPORT RD.
HOLLYWOOD, FL 33023

Current Mailing Address:

PO BOX 848188
HOLLYWOOD, FL 33084

New Mailing Address:

FEI Number: 55-0809136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, ALICE U
7401 S AIRPORT RD
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

BUTLER, ALICE U
P.O. BOX 848188
HOLLYWOOD, FL 33084 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: ALICE U. BUTLER

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BUTLER, ALICE U
Address: 74001 S AIRPORT RD
City-St-Zip: HOLLYWOOD, FL 33023

Title: MGR () Delete
Name: CLARK, DAVID
Address: 74001 S AIRPORT RD
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUTLER, ALICE U
Address: P.O. BOX 848188
City-St-Zip: HOLLYWOOD, FL 33084

Title: MGR (X) Change () Addition
Name: CLARK, DAVID
Address: P.O. BOX 848188
City-St-Zip: HOLLYWOOD, FL 33084

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: ALICE U. BUTLER

MGR

04/25/2005

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