

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073921

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: CONWAY AIR SERVICES, LLC

## Current Principal Place of Business:

540 MANDALAY RD.  
ORLANDO, FL 32809 US

## New Principal Place of Business:

## Current Mailing Address:

540 MANDALAY RD.  
ORLANDO, FL 32809 US

## New Mailing Address:

FEI Number: 20-3325953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUMMOND, DAN G  
540 MANDALAY RD.  
ORLANDO, FL 32809 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: MGR ( ) Delete  
Name: DRUMMOND, DAN G  
Address: 540 MANDALAY RD.  
City-St-Zip: ORLANDO, FL 32809

Title: MGR ( ) Delete  
Name: MADDISON, PETER  
Address: 4908 OAK ISLAND ROAD  
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition  
Name: RUSSELL, JOHN B  
Address: 365 TAFT VINELAND ROAD, SUITE 105  
City-St-Zip: ORLANDO, FL 32824

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: DAN G. DRUMMOND

MGR

04/28/2006

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