

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104103

**FILED**  
**Apr 15, 2006**  
**Secretary of State**

**Entity Name:** POLARIS AVIATION SERVICES LLC

**Current Principal Place of Business:**

4691 STURBRIDGE CIRCLE  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

**Current Mailing Address:**

4691 STURBRIDGE CIRCLE  
ORLANDO, FL 32812 US

**New Mailing Address:**

**FEI Number:** 59-3821493

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

SHASTEEN, JAMES L  
4691 STURBRIDGE CIRCLE  
ORLANDO, FL 32812 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: SHASTEEN, JAMES L  
Address: 4691 STURBRIDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32812 US

**ADDITIONS/CHANGES:**

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: JAMES L. SHASTEEN

MR.

04/15/2006

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