

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026318

FILED
Aug 29, 2007
Secretary of State

Entity Name: ATSG HOLDING COMPANY, L.L.C.

Current Principal Place of Business:

7700 N. KENDALL DRIVE, SUITE 570
MIAMI, FL 33156

New Principal Place of Business:

18639 SW 107 AVENUE
MIAMI, FL 33157

Current Mailing Address:

7700 N. KENDALL DRIVE, SUITE 570
MIAMI, FL 33156

New Mailing Address:

18639 SW 107 AVENUE
MIAMI, FL 33157

FEI Number: 20-4594641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, JERRY
7700 N. KENDALL DRIVE, SUITE 570
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

GREEN, JERRY
7700 N. KENDALL DRIVE, SUITE 507
MIAMI, FL 33156 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: _____

08/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COLONNA, WAYNE D
Address: 6244 SW 127 COURT
City-St-Zip: MIAMI, FL 33183 US

Title: MGRM () Change (X) Addition
Name: DEVLIN, KIMBERLY J
Address: 16031 SW 286 STREET
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify 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: K DEVLIN

MGRM

08/29/2007

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