

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001425

FILED
Mar 30, 2005
Secretary of State

Entity Name: INTERNATIONAL AVIATION SERVICES, LLC

Current Principal Place of Business:

SOUTHWEST FL INT'L AIPORT
15960 CHAMERLIN PKWY
FORT MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

2614 N. SUGAR BUSH RD.
PO BOX 112
NEW FRANKEN, WI 54229 US

New Mailing Address:

FEI Number: 39-1999150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMATO, LOUIS X
801 LAUREL OAK DRIVE
SUITE 615
NAPLES, FL 34108 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: MGR () Delete
Name: ROBERTS, JAMES R
Address: 2614 N. SUGAR BUSH RD.
City-St-Zip: NEW FRANKEN, WI 54229

Title: MGR () Delete
Name: ROBERTS, DALE A
Address: 2614 N. SUGAR BUSH RD.
City-St-Zip: NEW FRANKEN, WI 54229 US

Title: MGR (X) Delete
Name: MASSON, JUAN
Address: 15450 SW 232 STREET
City-St-Zip: MIAMI, FL 33170 US

ADDITIONS/CHANGES:

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

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

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 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: DALE A ROBERTS

MGR

03/30/2005

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