



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90030 007 ****50.00

DOCUMENT # M01000000735 1. Entity Name SPIRIT AVIATION SERVICES LLC					
Principal Place of Business 4601 NORTH MAIN HANE CR FORT WORTH, TX 76106			Mailing Address 2800 EXECUTIVE WAY MIRAMAR, FL 33025		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-2923004				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEILAND, JAMES R. 2800 EXECUTIVE WAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DONNIE 4601 NORTH MAIN HANE CR FORT WORTH, TX 76106	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVERSON, JOHN R 2800 EXECUTIVE WAY MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHORR, JACOB M 2800 EXECUTIVE WAY MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHAN, MARK S 2800 EXECUTIVE WAY MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SEE ATTACHED LIST	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>JOHN R. SEVERSON CFO</u> <u>4/7/2004</u> <u>954-447-7905</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Attachment
24039994

2004 Limited Liability Company
Annual Report

Document # M 01000000735

Spirit Aviation Services, LLC

Box 10.

Title	MGRM	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
Name	Spirit Airlines, Inc.			
Street Address	2800 Executive Way			
City St Zip	Miramar, FL 33025			

Title	Vice President	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
Name	Merkler, Al			
Street Address	2800 Executive Way			
City St Zip	Miramar, FL 33025			

Title	Treasurer	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
Name	Bates, Peggy			
Street Address	2800 Executive Way			
City St Zip	Miramar, FL 33025			

Title	Secretary	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
Name	Knutsen-Pugh, Maria			
Street Address	2800 Executive Way			
City St Zip	Miramar, FL 33025			