

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001900

Entity Name: LOGAIR LLC

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

101 AVIATION DRIVE NORTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

101 AVIATION DRIVE NORTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3737629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABCENELL, JAMES H
CLARK AVIATION CORP.
101 AVIATION DRIVE NORTH
NAPLES, FL 34104 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: MGRM () Delete
Name: CLARK AVIATION CORPO, RATION
Address: 101 AVIATION DRIVE NORTH
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: ELIZABETH L. CLARK I, RREVOCABLE TRU S T
Address: 101 AVIATION DRIVE NORTH
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: M&L CARGO ASSET MGMT, , LLC
Address: 5399 E. HIGHWAY C30-A PMB #244
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: MGRM () Delete
Name: AEROLEASE INTERNATIO, NAL
Address: 6303 BLUE LAGOON DR., SUITE 380
City-St-Zip: MIAMI, FL 33126

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:

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: JAMES H KABCENELL

VP

04/22/2004

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