


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # M01000002832</b> 1. Entity Name <b>AFCO CARGO MCO LLC</b>		
Principal Place of Business <b>7600 COLSHIRE DRIVE, STE 240 MCLEAN, VA 22102</b>		Mailing Address <b>7600 COLSHIRE DRIVE, STE 240 MCLEAN, VA 22102</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVIATION FACILITIES COMPANY INC 7600 COLSHIRE DR., STE 240 MCLEAN, VA	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.  <b>AFCO Cargo MCO LLC</b> <b>By: Daniel S. Ungerleider, Managing Member</b>  SIGNATURE: <u><i>Daniel S. Ungerleider</i></u> <b>Daniel S. Ungerleider</b> 4/25/06 703/902-2900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>54-2061467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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05/13/06-80049-009 50.00

**DO NOT WRITE  
IN THIS SPACE**