2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # M02000000315 1. Entity Name AERO FT. MYERS, LLC Principal Place of Business Mailing Address 50 NORTH WATER ST. 50 NORTH WATER ST. SOUTH NORWALK, CT 06854 SOUTH NORWALK, CT 06854 02162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2975908 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed harne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE CARGO ACQUISITION COMPANY, LLC NAME STREET ADDRESS 50 NORTH WATER ST. CITY-ST-ZIP SOUTH NORWALK, CT 06854 ___UGUUULAASABA WASAAUS-80032-020 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this fitting 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 reserver of fusites empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED