


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 10:47

<b>DOCUMENT # M03000001775</b> 1. Entity Name <b>BRENDAN AIRWAYS, LLC</b>	
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Principal Place of Business <b>335 BISHOP HOLLOW ROAD, SUITE 100 NEWTOWN SQUARE, PA 19073</b>	Mailing Address <b>335 BISHOP HOLLOW ROAD, SUITE 100 NEWTOWN SQUARE, PA 19073</b>
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**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>23-3037790</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE: _____
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<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>100060898811</b> <b>10/24/05--01062--003 **50.00</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRP MULLEN, JOHN J 7 CAMPUS BLVD NEWTOWN SQUARE, PA 19073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C KINNEAR, ANGUS M 335 BISHOP HOLLOW RD NEWTOWN SQUARE, PA 19073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**REINSTATEMENT 2005**

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <u>Angus M. Kinnear</u>	Date: <u>10/24/05</u>	Daytime Phone #: <u>610-325-1280</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		