

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90076 004 \*\*\*\*55.00

**DOCUMENT # M03000002592**

1. Entity Name  
**ASTAR AIR CARGO HOLDINGS, LLC**



Principal Place of Business  
**2 SOUTH BISCAYNE BLVD.  
STE. 3663  
MIAMI, FL 33131**

Mailing Address  
**2 SOUTH BISCAYNE BLVD.  
STE. 3663  
MIAMI, FL 33131**

**20004925**



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-1071052**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DASBURG, JOHN H
STREET ADDRESS	2 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	BLUM, RICHARD C
STREET ADDRESS	909 MONTGOMERY STREET STE 400
CITY-ST-ZIP	SAN FRANCISCO, CA 20037
TITLE	MGR
NAME	KLEIN, MICHAEL R
STREET ADDRESS	2445 M. STREET N.W.
CITY-ST-ZIP	WASHINGTON, DC-20037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 of business empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Steven A. Rossini, Authorized Rep. 01-26-05 305-982-0547*