

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90026 011 \*\*\*\*50.00

**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**

**20004240**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

01262006 Chg-LLC CR2E083 (11/05)

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**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME **DASBURG, JOHN H**  
STREET ADDRESS **2 SOUTH BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE MGR ☐ Delete  
NAME **BLUM, RICHARD C**  
STREET ADDRESS **909 MONTGOMERY STREET STE 400**  
CITY-ST-ZIP **SAN FRANCISCO, CA 20037**

TITLE MGR ☐ Delete  
NAME **KLEIN, MICHAEL R**  
STREET ADDRESS **2445 M. STREET N.W.**  
CITY-ST-ZIP **WASHINGTON, DC 20037**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

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

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

Date

Daytime Phone #