

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90046 035 \*\*\*\*50.00

**DOCUMENT # M05000007137**

1. Entity Name  
**AIRPAX CORPORATION, LLC**



Principal Place of Business

**807 WOODS ROAD  
CAMBRIDGE, MD 21613**

Mailing Address

**807 WOODS ROAD  
CAMBRIDGE, MD 21613**



04262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2143980</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLANK, ROBERT D
STREET ADDRESS	807 WOODS ROAD
CITY-ST-ZIP	CAMBRIDGE, MD 21613
TITLE	MGR
NAME	HEALY, ROBERT P
STREET ADDRESS	807 WOODS ROAD
CITY-ST-ZIP	CAMBRIDGE, MD 21613
TITLE	MGR
NAME	KARR, DENNIS K
STREET ADDRESS	807 WOODS ROAD
CITY-ST-ZIP	CAMBRIDGE, MD 21613
TITLE	MGR
NAME	MURRAY, TIMOTHY M
STREET ADDRESS	807 WOODS ROAD
CITY-ST-ZIP	CAMBRIDGE, MD 21613
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 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, OR AUTHORIZED REPRESENTATIVE

*Steven A. McDonald*  
**Steven A. McDonald**

**4-26-06**

Date

**410-228-4600**

Daytime Phone #