2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M06000002361

Entity Name: AIRPORT DEICING SOLUTIONS, LLC

Current Principal Place of Business:

6131 LYONS ROAD, SUITE 101
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6131 LYONS ROAD, SUITE 101
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-4670326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1313 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BFT FUNDING CO. 1, L, LC
Address: 2711 CENTERVILLE ROAD, SUITE 400
City-St-Zip: WILMINGTON, DE 19808

Title: MGRM ( ) Delete
Name: BORZILLERI, STEVEN
Address: 1313 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BORZILLERI, MINDEE
Address: 1313 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MINDEE BORZILLERI MGRM 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date