

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 05, 2008  
Secretary of State**

DOCUMENT# L00000005909

Entity Name: E B AIRFOILS, LLC

**Current Principal Place of Business:**

3591 SW DEGGELLER CT  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3591 SW DEGGELLER CT  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 65-1019199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRECHBILL, MARK CPA  
215 S. FEDERAL HWY.  
SUITE 100  
STUART, FL 34994 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: MGR ( ) Delete  
Name: BICKEL, JAMES B  
Address: 13078 COASTAL CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete  
Name: BICKEL, MATTHEW M  
Address: 13042 COASTAL CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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

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: JAMES B. BICKEL

MGR

04/05/2008

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