


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 031 ****50.00

DOCUMENT # L03000033806

1. Entity Name
ACC ENGINES, LLC



Principal Place of Business
3814 CURTISS PARKWAY
VIRGINIA GARDENS, FL 33166

Mailing Address
3814 CURTISS PARKWAY
VIRGINIA GARDENS, FL 33166

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0488032

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BAUMGARTEN, MAURICE J
100 S.E. 2ND STREET, SUITE 4300
MIAMI, FL 33133

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 _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AEROSERVICE AVIATION CENTER, LLC	
STREET ADDRESS	3814 CURTISS PARKWAY	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	
TITLE	<i>MANAGING MEMBER</i>	<input type="checkbox"/> Delete
NAME	<i>VITO LA FORGIA</i>	
STREET ADDRESS	<i>3814 CURTISS PARKWAY</i>	
CITY-ST-ZIP	<i>VIRGINIA GARDENS FL 33166</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mike Hornstein* Date: *4/23/04* (305) 871-4327

MIKE HORNSTEIN

24059520

