


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 039 ***138.75

DOCUMENT # L07000027653				
1. Entity Name AERO PARTS MANAGEMENT, LLC.				
Principal Place of Business 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178		Mailing Address 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 12349 S.W. 132 Court		3. Mailing Address 12349 S.W. 132 Court		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Miami, FL		City & State Miami, FL		
Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.	4. FEI Number 20-8634905
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02252008 Chg-LLC CR2E083 (12/06)
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CALDERA, ALEYDA D 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178				Name CALDERA, ALEYDA D Street Address (P.O. Box Number is Not Acceptable) 12349 SW 132 COURT City MIAMI FL Zip Code 33186
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 <u>Aleyda Caldera</u>		DATE <u>2/28/08</u>		
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERA, ALEYDA D 10773 NW 58TH STREET MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERA, ALEYDA D. 12349 SW 132 COURT, MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULSON, MATILDE M 10773 NW 58TH STREET MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULSON, MATILDE M 12349 SW 132 COURT, MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTRIAGO, XAVIER 12349 SW 132 COURT, MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <u>Xavier Intriago</u>		DATE: <u>2/25/08</u> DAYTIME PHONE: <u>305-677-2171</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #		