


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003751  
1. Entity Name  
HEICO FINANCE, LLC



Principal Place of Business      Mailing Address  
2626 WARRENVILLE RD, STE 400      2626 WARRENVILLE RD, STE 400  
DOWNS GROVE, IL 60515              DOWNS GROVE, IL 60515

**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0599829	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HEICO COMPANIES, L.L.C. 5600 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602
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U00000283727  
04/01/05-80039-019 50.00

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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: L.G. Wolski      L.G. Wolski      3/28/05      630-353-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #