

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011531

Entity Name: AEROTECNIC LLC

FILED
May 07, 2006
Secretary of State

Current Principal Place of Business:

3890 N W 132 ST BAY K
OPA LOCKA, FL 33054

New Principal Place of Business:

3890 N W 132 ST BAY K
OPA LOCKA, FL 33054 US

Current Mailing Address:

3890 N W 132 ST BAY K
OPA LOCKA, FL 33054

New Mailing Address:

3890 N W 132 ST BAY K
OPA LOCKA, FL 33054 US

FEI Number: 65-1120529 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:

MARTONE, ALEXANDER L
MIZNER PLAZA
30 S E 7TH ST SUITE B
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MIKE'S TAX & ACCOUNTING, INC.
269 N. UNIVERSITY DRIVE
SUITE I
PEMBROKE PINES, FL 33024 US

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: RABINDRA MAHADEO

05/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIVANATHAN, SIVARASA
Address: 3890 NW 132 ST BAY K
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIVANATHAN, SIVARASA
Address: 3890 NW 132 ST BAY K
City-St-Zip: OPA LOCKA, FL 33054 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SIVANATHAN SIVARASA

MGRM

05/07/2006

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