

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000018438

FILED
May 12, 2008
Secretary of State**Entity Name:** BLUE AEROSPACE, LLC**Current Principal Place of Business:**6501-B NOB HILL RD
TAMARAC, FL 33321**New Principal Place of Business:****Current Mailing Address:**6501-B NOB HILL RD
TAMARAC, FL 33321**New Mailing Address:****FEI Number:** 65-1147913**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BOULEVARD
SUITE 1700
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**NAVON, MICHAEL
6501-B NOB HILL RD
TAMARAC, FL 33321 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: MICHAEL NAVON

05/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: NAVON, MICHAEL
Address: 2557 EAGLE RUN LANE
City-St-Zip: WESTON, FL 33327Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: BENZ, STEPHEN W
Address: 2605 E BIGHORN AVE
City-St-Zip: PHOENIX, AZ 85048Title: MGR () Change (X) Addition
Name: MARKOWICZ, MORDECHAI
Address: 11000 REDHAWK STREET
City-St-Zip: PLANTATION, FL 33324

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: MICHAEL NAVON

MR

05/12/2008

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