## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # L0200008480  1. Entity Name TURBINE AIRCRAFT POWER, LLC						05-03-2004 90118 034 ****50.00				
Principal Place	e of Business	Mailing Address			j					
1501 AIRWAY New Smyrna	( CIRCLE 1 BEACH, FL 32168	1501 AIRWAY CIRCLE New Smyrna Beach, FL 32168					240	6286	7	
						1 <b>13 (</b> 11 11 11 11	ESTIN MEN ESTA STATEM		I BEFORE ENIRE DATE	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04302004	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State				4. FEI Number	<del>D FOR -</del> <u>20 - 0</u>		D Not	plied For t Applicable.
Zip	Country		~Coun:	try			of Status Desired		\$5.00 Addi ee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered A	gent	
RAHM, JEFFREY A				Name						
1501 AIRV	FFREY A VAY CIRCLE RNA BEACH, FL 32168			Street A	eet Address (P.O. Box Number is Not Acceptable)					
•			City					FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its r	egistere	ed office or	register	ed agent, or bo	th, in the State of Flo	rida. Iam f	amiliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registere	d Agent signat	beriuper eru	when reinstating)		DATE		
	ling Fee is \$50.00		<del></del>					check p		
D	ue by May 1, 2004						Florida	Departme	ent of State	
9.	MANAGING MEMBE	PS/MANAGEDS	10.	;			ADDITIONS/	CHANGES	· ·	
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CITY-ST-ZIP	DAYTONA BEACH, FL 32128		4	-ST-ZIP	Dara	Dame	FL 32128	>		
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NAME				-ST-ZIP					<u>.</u>	
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NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	CITY TITL NAM	r-ST-ZIP E		·			☐ Change	Addition

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: SIGNATURE AND TYPED OF PRINTED NAME OF SKONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

426-7795 428-0616 428-0616

Daytime Phone #