

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023459

**FILED**  
**Aug 10, 2004**  
**Secretary of State**

**Entity Name:** MANAERO, LLC

**Current Principal Place of Business:**

3 AEROFAB DRIVE  
SANFORD, ME 04073 US

**New Principal Place of Business:**

3100 AIRMANS DRIVE  
FORT PIERCE, FL 34946 US

**Current Mailing Address:**

P.O. BOX 312  
SANFORD, ME 04073 US

**New Mailing Address:**

P.O. BOX 13084  
FORT PIERCE, FL 34979 US

FEI Number: 43-1973135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAHIM, WADI  
3100 AIRMANS DRIVE  
FORT PIERCE, FL 34946 US

**Name and Address of New Registered Agent:**

RAHIM, WADI  
5500 ST. LUCIE BLVD  
FORT PIERCE, FL 34946 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: \_\_\_\_\_

08/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RAHIM, WADI  
Address: 3100 AIRMANS DRIVE  
City-St-Zip: FORT PIERCE, FL 34946

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RAHIM, WADI  
Address: 5500 ST. LUCIE BLVD  
City-St-Zip: FORT PIERCE, FL 34946

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADI RAHIM

MGR

08/10/2004

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