

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027395

FILED
Jul 21, 2006
Secretary of State

Entity Name: AIRCRAFT SPARES MANAGEMENT, LLC

Current Principal Place of Business:

11014 NW 33RD ST., #100
MIAMI, FL 33172

New Principal Place of Business:

1825 WEST AVENUE
UNIT 11
MIAMI BEACH, FL 33139

Current Mailing Address:

11014 NW 33RD ST., #100
MIAMI, FL 33172

New Mailing Address:

P.O. BOX 360
MIAMI BEACH, FL 33139

FEI Number: 04-3717313 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:

WATKINS, NICOLAS J P.A.
COURVOISIER CENTRE I, SUITE 504
501 BRICKELL KEY DRIVE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BALAAM, STEVEN D
1825 WEST AVENUE
UNIT 11
MIAMI BEACH, FL 33139 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: STEVEN D BALAAM

07/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALAAM, STEVEN
Address: 11014 NW 33RD ST., STE 100
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BALAAM, STEVEN
Address: 1825 WEST AVENUE, UNIT 11
City-St-Zip: MIAMI BEACH, FL 33139

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: STEVEN D BALAAM

PTNR

07/21/2006

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