2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2004
Secretary of State

DOCUMENT# L02000033605

Entity Name: LANSHE AEROSPACE, LLC

Current Principal Place of Business:

3100 AIRMANS DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3100 AIRMANS DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

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

FEI Number: 03-0504987 **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:	KAHLER, CONNIE	
Address:	3100 AIRMANS DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	MGR	(X) Delete
Name:	HUSSELL, MIKE	
Address:	3100 AIRMANS DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	P	(X) Delete
Name:	RAHIM, WADI	
Address:	3100 AIRMANS DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	MGR	(X) Delete
Name:	GAUOUSIS, AL	
Address:	3100 AIRMANS DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	
Title:	MGR	(X) Delete
Name:	HOWELL, RAY	
Address:	3100 AIRMANS DRIVE	
City-St-Zip:	FORT PIERCE, FL 34946	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	RAHIM, WADI	
Address:	P.O. BOX 13084	
City-St-Zip:	FORT PIERCE, FL 34979 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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