

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L02000034258

1. Entity Name

AIRCRAFT SPARES INTERNATIONAL, LLC



Principal Place of Business

22261 S.W. 66TH AVE  
UNIT 1704  
BOCA RATON FL 33428

Mailing Address

P.O. BOX 970940  
BOCA RATON FL 33497-0940

2. Principal Place of Business

1517 AUBURN LAKES DRIVE

3. Mailing Address

P.O. BOX 561528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VIERA, FLORIDA

City & State

ROCKLEDGE, FLORIDA

Zip

32955

Country

32956-1523

Zip

Country

4. FEI Number

13-4227884

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARPER, DENNIS C  
22261 S.W. 66TH AVE.  
UNIT 1704  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1517 AUBURN LAKES DRIVE

City

VIERA

FL

Zip Code

32955

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE Registered Agent signature required when reinstating)

3/23/05

FILE NOW!!! FEE IS \$60.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM  
NAME HARPER, DENNIS C  
STREET ADDRESS 22261 S.W. 66TH AVE., UNIT 1704  
CITY-ST-ZIP BOCA RATON FL 33428

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

1517 AUBURN LAKES DRIVE  
VIERA, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

3/23/05

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

Daytime Phone #