

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90029 020 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000034258
<b>1. Entity Name</b> AIRCRAFT SPARES INTERNATIONAL LLC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 19180 SKYRIDGE CIRCLE Suite, Apt. #, etc.	<b>3. Mailing Address</b> P O BOX 970940 Suite, Apt. #, etc.
<b>City &amp; State</b> BOCA RATON FL	<b>City &amp; State</b> BOCA RATON FL
<b>Zip</b> 33498	<b>Country</b>

**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 13-4227884	<b>Applied For</b> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> DENNIS C HARPER <b>Street Address (P.O. Box Number is Not Acceptable)</b> 19180 SKYRIDGE CIRCLE <b>City</b> BOCA RATON <b>FL</b> <b>Zip Code</b> 33498	

**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**   
Signature, typed or printed name of registered agent and title if applicable.

**3/17/03**  
DATE

**FEE IS \$60.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENNIS C HARPER P O BOX 970940 BOCA RATON FL 33498	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

**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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**3/17/03**  
954-224-2148  
Daytime Phone #