2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L03000021882

Entity Name: ULTIMATE AIRCRAFT COMPOSITES, LLC

Current Principal Place of Business:

3420 NW 53RD STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3420 NW 53RD STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-0068989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TZUR, AVIV
2875 N.E. 191 STREET, SUITE 512
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TZUR, AVIV
3420 NW 53RD STREET
FORT LAUDERDALE, FL 33309 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: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: TZUR, AVIV
Address: 3420 NW 53RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR ( ) Change (X) Addition
Name: NAVON, MICHAEL
Address: 3420 NW 53RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR ( ) Change (X) Addition
Name: SARAF, YOEL
Address: 3420 NW 53RD STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

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: AVIV TZUR MGRM 04/28/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date