

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021882

FILED
Jul 05, 2007
Secretary of State

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 ()
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:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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 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: AVIV TZUR

MGRM

07/05/2007

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