2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014924

UNIVERSAL AEROSPACE PARTNERS, LLC



Principal Place of Business

Mailing Address

96 N. E. FOURTH AVENUE DELRAY BEACH, FL 33483 96 N. E. FOURTH AVENUE DELRAY BEACH, FL 33483

FILED Jan 19, 2007 08:00 AM Secretary of State



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01142007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-0770023	
5.	Certificate of Status Desired	\$5.0

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For Not Applicable

5. Name and Address of Current Registered Agent

SMITH, THOMAS A 96 N. E. FOURTH AVENUE DELRAY BEACH, FL 33483

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	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.	ıt
SI	GNATURE	

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

(NOTE Registered Agent aignature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000593157 01/22/07-80020-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, THOMAS A 96 N. E. FOURTH AVENUE DELRAY BEACH, FL 33483
NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, CHARLES R 96 NORTHEAST FOURTH AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE