2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000014924

1. Entity Name
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

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0770023

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

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

U00000791059
01/23/08-80059-002 138.75

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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: Managing Member THOMAS A. SMITH 1/16/08 (561) 276-7458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #