

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024375

FILED
Mar 12, 2007
Secretary of State

Entity Name: CARIBBEAN AVIONICS SUPPLY, LLC

Current Principal Place of Business:

18681 46TH COURT N.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

15895 78TH PLACE N.
LOXAHATCHEE, FL 33470

Current Mailing Address:

18681 46TH COURT N.
LOXAHATCHEE, FL 33470

New Mailing Address:

15895 78TH PLACE N.
LOXAHATCHEE, FL 33470

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVEN, TYSON S
18681 46TH COURT N.
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

CRAVEN, TYSON S
15895 78TH PLACE N.
LOXAHATCHEE, FL 33470 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: _____

03/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRAVEN, TYSON S
Address: 18681 46TH COURT N.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRAVEN, TYSON S
Address: 15895 78TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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: TYSON S. CRAVEN

MGR

03/12/2007

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