

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037341

FILED
Jan 08, 2008
Secretary of State

Entity Name: ALPHA TURBINE AVIATION TECHNOLOGY, LLC

Current Principal Place of Business:

7774 NW 46 STREET
DORAL, FL 33166

New Principal Place of Business:

8081 NW 31ST STREET
DORAL, FL 33122

Current Mailing Address:

7774 NW 46 STREET
DORAL, FL 33166

New Mailing Address:

8081 NW 31ST STREET
DORAL, FL 33122

FEI Number: 20-1135779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOURDES, RODRIGUEZ
7774 NW 46 STREET
DORAL, FL 33166 US

Name and Address of New Registered Agent:

ABA AVIATION RESOURCES, INC
8081 NW 31ST STREET
DORAL, FL 33122 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: ABA AVIATION RESOURCES, INC

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, LOURDES
Address: 7774 NW 46 STREET
City-St-Zip: DORAL, FL 33166

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABA AVIATION RESOURC, ES, INC
Address: 8081 NW 31ST STREET
City-St-Zip: DORAL, FL 33122

Title: MGMR () Change (X) Addition
Name: GARCIA, LOURDES R
Address: 8081 NW 31ST STREET
City-St-Zip: DORAL, FL 33178

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: LOURDES R. GARCIA

MGRM

01/08/2008

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