2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000045603

1. Entity Name

MCDONALD AEROSPACE, L.L.C.



Principal Place of Business

Mailing Address

43 NW JET DRIVE

NAME
STREET ADDRESS
CITY-S1-ZIP
STLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS

FT. WALTON BEACH, FL 32548

43 NW JET DRIVE

FT. WALTON BEACH, FL 32548

FILED Apr 10, 2006 08:00 AM Secretary of State



02172006 No Chg-LLC

* CR2E083 (11/05)

4. FEI Number 34-2000944

Applied For Not Applicat':

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FT. WALTON BEACH, FL 32548

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	 named entity submits this statement for the purpose of cha tions of registered agent. 	inging its registered office o	or registered agent, or both,	in the State of Florida.	I am familiar with, and acc	
SIGNATURE.	Signature: typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when remotating)		DATE		
F	iling Fee is \$50.00 tue by May 1, 2006					
8.	MANAGING MEMBERS/MANAGERS			'	⁻	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, TIMOTHY J 43 NW JET DRIVE FT. WALTON BEACH, FL 32548					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000500514 04/25/06-80025-007 50.00		
TITLE NAME STRELI ADDRESS CITY-ST-ZIP			DO	NOT WR	ITE	
TITLE		1	IN T	HIS SPA	CE	

11. I hereby certify that the information supplied with this filling 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:

9/3/06 850-244-9075