

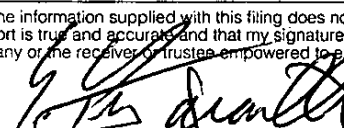


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90142 010 \*\*\*\*55.00

<b>DOCUMENT # L04000062123</b>					
<b>1. Entity Name</b> JET AEROSPARES, LLC					
<b>Principal Place of Business</b> 1000 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			<b>Mailing Address</b> P.O. BOX 140487 MIAMI, FL 33114-0437		
<b>2. Principal Place of Business</b> 1300 CORAL WAY Suite, Apt. #, etc. SUITE 301 City & State -- MIAMI, FL Zip 33145		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State -- Zip Country			
02162006    Chg-LLC    CR2E083 (11/05)		<b>4. FEI Number</b> 20-1513140		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> JARVIS, JAMES W ESQ. 1500 SAN REMO SUITE 145 CORAL GABLES, FL 33146			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM TERRY, JARAMILLO E 1000 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JARAMILLO, E. TERRY 1300 CORAL WAY, SUITE 301 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM CAPITAL WTERFUNDING, INC 1000 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CAPITAL INTERFUNDING, INC. 1300 CORAL WAY, SUITE 301 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GARRIAY, MICHAEL J 1000 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	GARRIAY, MICHAEL J. 1300 CORAL WAY, SUITE 301 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GARAGHTY, PATRICIA H 1000 BRICKELL AVE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	GERAGHTY, PATRICIA H. 1300 CORAL WAY, SUITE 301 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  MGRM			2-16-06    305-461-5822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					