2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000076523

1. Entity Name
AVIATION ENGINEERED PRODUCTS, LLC

FILED
07 FEB 19 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02132007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836 US	7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13032 SW 57th TR.	13032 SW 57th TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33183-1225 Country: USA	Zip: 33183-1225 Country: USA

4. FEI Number: 30-0278567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABOHASEN, CARLOS J MR. 7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836	Name: ABOHASEN, CARLOS J, MR. Street Address (P.O. Box Number is Not Acceptable): 13032 SW 57th. TR. City: MIAMI FL Zip Code: 33183-1225

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: _____ CARLOS J. ABOHASEN Feb. 15 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABOHASEN, CARLOS J MR. 7411 VISTA WAY, # 101 BRADENTON, FL 342023836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABOHASEN, CARLOS J, MR. 13032 SW 57th TR. MIAMI, FL - 33183-1225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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. (941) 870-2871

SIGNATURE: _____ Carlos J. Abohasen Feb 15 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #