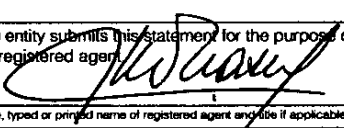
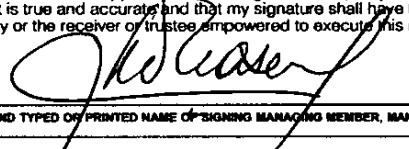


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000076523 1. Entity Name AVIATION ENGINEERED PRODUCTS, LLC				FILED 07 FEB 19 AM 9:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836 US		Mailing Address 7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836 US			
2. Principal Place of Business - No P.O. Box # 13032 SW 57th TR.		3. Mailing Address 13032 SW 57th TR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 30-0278567	
Zip 33183-1225		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABOHASEN, CARLOS J MR. 7411 VISTA WAY SUITE 101 BRADENTON, FL 34202-3836		7. Name and Address of New Registered Agent 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 date 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE: 		CARLOS J. ABOHASEN		(941) 870-2871 Feb/15/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	