

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085196

Entity Name: CVRA AERONAUTICAL LLC

FILED  
Jul 15, 2008  
Secretary of State

## Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD  
207  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

62 INDIAN TRACE # 72  
WESTON, FL 33326

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

VICTOR, ARRIAGA  
62 INDIAN TRACE # 72  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

ARRIAGA, VICTOR  
62 INDIAN TRACE # 72  
WESTON, FL 33326 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: VICTOR ARRIAGA

07/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARRIAGA, VICTOR  
Address: 62 INDIAN TRACE # 72  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: ROVATI, CARLOS  
Address: 62 INDIAN TRACE # 72  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICTOR ARRIAGA

MGRM

07/15/2008

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