2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90180 034 ****50.00

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1. Entity Name
ATLAS AIRPARTS INTERNATIONAL OF FLORIDA L.L.C.

Principal Place of Business	Mailing Address
2454 HARBORVIEW ROAD #A3 CHARLOTTE HARBOR, FL 33980	1534 RIO DE JANERIO AVE PUNTA GORDA, FL 33983

03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1534 Rio de Janeiro Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State:
Zip: 33983 Country:	Zip: Country:

4. FEI Number: 41-2154243 ☐ 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
SHIRLEY, KEVIN C 126 E. OLYMPIA AVENUE, SUITE 304 PUNTA GORDA, FL 33950	Name: MICHAEL R. CLAYTON Street Address (P.O. Box Number is Not Acceptable): 1534 RIO DE JANEIRO AVE City: PUNTA GORDA FL Zip Code: 33983

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: [signature] Michael R. Clayton 3-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON, MICHAEL R 1534 RIO DE JANERIO AVE PUNTA GORDA, FL 33983	☐ 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.

SIGNATURE: [signature] Michael R. Clayton 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #