

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90063 018 ****50.00



DOCUMENT # L05000035561

1. Entity Name

AEROSPACE INVESTMENTS, LLC

Principal Place of Business

**1310 TRADEPORT DRIVE
 JACKSONVILLE FL 32218**

Mailing Address

**1310 TRADEPORT DRIVE
 JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0656421

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMASCO, LLC
 1310 TRADEPORT DRIVE
 C/O PADRAIC MULVIHILL
 JACKSONVILLE FL 32218**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: **MGRM** Delete
 NAME: **CARLSON, DEAN**
 STREET ADDRESS: **1310 TRADEPORT DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32218**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGRM** Delete
 NAME: **PRUETT, JAMES H JR**
 STREET ADDRESS: **1310 TRADEPORT DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32218**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **JOHNSON, JAMES R**
 STREET ADDRESS: **1310 TRADEPORT DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32218**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **MCKNAMARA, KENNETH J**
 STREET ADDRESS: **1310 TRADEPORT DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32218**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGR** Delete
 NAME: **SIMS, G. LARRY**
 STREET ADDRESS: **1310 TRADEPORT DRIVE**
 CITY-ST-ZIP: **JACKSONVILLE FL 32218**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Padraic Mulvihill* Auth. Rep. / Reg. Agent

904. 725. 9700
 10 April 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #