## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 11, 2006 8:00 am **Secretary of State DOCUMENT #L05000070701** 01-11-2006 90012 021 \*\*\*\*50 00 ALPHAMAX AIRCRAFT, LLC. Principal Place of Business Mailing Address **509 SW LAKE MANATEE WAY 509 SW LAKE MANATEE WAY** AAAAXTAA PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34986 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01052006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zo-Zio Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, DAVID S Street Address (P.O. Box Number is Not Acceptable) 509 SW LAKE MANATEE WAY PORT ST. LUCIE, FL 34986 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. NIC MGRM TITLE ☐ Delete MLE Change Change ☐ Addition NIC NAME PAPESH, TODD A NAME 3823 E. BIRCHWOOD AVE. 18270 MORNING DEW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUDAHY, WI 53110 CITY-ST-7/P COTTONWOOD, CA 96022 MGRM ☐ Change TITLE Defete TITLE ☐ Addition LEWIS, DAVID S NAME NAME STREET ADORESS **509 SW LAKE MANATEE WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE, FL 34986 ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP TELLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

DAVIDS, LEWIS

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

1-5-06

772-828-0092

FILED