

<b>DOCUMENT # L05000070701</b>			
<b>1. Entity Name</b> ALPHAMAX AIRCRAFT, LLC.			
<b>Principal Place of Business</b> 509 SW LAKE MANATEE WAY PORT ST. LUCIE, FL 34986    US		<b>Mailing Address</b> 509 SW LAKE MANATEE WAY PORT ST. LUCIE, FL 34986    US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
LEWIS, DAVID S 509 SW LAKE MANATEE WAY PORT ST. LUCIE, FL 34986			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)			
Signature, typed or printed name of registered agent and title if applicable.			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPESH, TODD A 3823 E. BIRCHWOOD AVE. CUDAHY, WI 53110	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, DAVID S 509 SW LAKE MANATEE WAY PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.</b>			
<b>SIGNATURE:</b>		DAVID S. LEWIS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			