

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000070701

1. Entity Name
ALPHAMAX AIRCRAFT, LLC.



Principal Place of Business
**509 SW LAKE MANATEE WAY
PORT ST. LUCIE, FL 34986 US**

Mailing Address
**509 SW LAKE MANATEE WAY
PORT ST. LUCIE, FL 34986 US**



04232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3203236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, DAVID S
509 SW LAKE MANATEE WAY
PORT ST. LUCIE, FL 34986**

**DO NOT WRITE
IN THIS SPACE**

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

4-21-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAPESE, TODD A
18270 MORNING DER
COTTONWOOD, CA 96022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEWIS, DAVID S
509 SW LAKE MANATEE WAY
PORT ST. LUCIE, FL 34986**

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U000000734843
05/10/07-80010-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

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

4-21-07

Date

772-828-0092

Daytime Phone #