

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070701

Entity Name: ALPHAMAX AIRCRAFT, LLC.

FILED  
Apr 04, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3203236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAPESH, TODD A  
Address: 18270 MORNING DEW DRIVE  
City-St-Zip: COTTONWOOD, CA 96022 US

Title: MGRM ( ) Delete  
Name: LEWIS, DAVID S  
Address: 509 SW LAKE MANATEE WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID LEWIS

MGRM

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date