
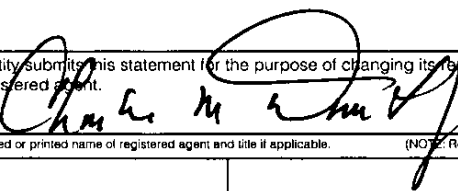
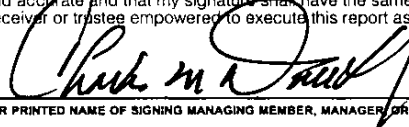


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90086 001 \*\*\*277.50

|  |                                      |                     |   |   |  |
|--|--------------------------------------|---------------------|---|---|--|
| DOCUMENT # L06000011520  |                                      |                     |   |  |  |
| 1. Entity Name<br><b>COASTAL AIRCRAFT PARTS, LLC</b>   |                                      |                     |   |   |  |
| Principal Place of Business<br><b>2999 NW 115TH TERRACE<br/>SUNRISE, FL 33323 US</b>   |                                      |                     | Mailing Address<br><b>2999 NW 115TH TERRACE<br/>SUNRISE, FL 33323 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc. |   |   |  |
| City & State   |                                      | City & State        |   |   |  |
| Zip  | Country                              | Zip                 | Country   | 4. FEI Number<br><b>20-4249271</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |                     |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                                      |                     | 7. Name and Address of New Registered Agent   |   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301   |                                      |                     | Name<br><b>Charles M. Diveto, Jr., CPA, PA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7425 N.W. 4th Street</b><br><b>Plantation, Florida 33317</b><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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  DATE <b>4/23/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                      |                     |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |                                      |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE  | MGRM <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | DOWNEY, DORRINE                      |                     | NAME  |   |  |
| STREET ADDRESS   | 2999 NW 115TH TERRACE                |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | SUNRISE, FL 33323                    |                     | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |                     | NAME  |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |                     | NAME  |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |                     | NAME  |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |                     | CITY-ST-ZIP   |   |  |
| TITLE  | <input type="checkbox"/> Delete      |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                      |                     | NAME  |   |  |
| STREET ADDRESS   |                                      |                     | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                                      |                     | 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. |                                      |                     |   |   |  |
| SIGNATURE:  DATE <b>4/23/08</b> DAYTIME PHONE # <b>954-321-6300</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |                     |   |   |  |

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03062008 Chg-LLC CR2E083 (12/06)

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20-4249271

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7. Name and Address of New Registered Agent

Name

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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

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