2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

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DOCUMENT # L06000022504 1. Entity Name ACCEL AVIATION ACCESSORIES, LLC)	04-26-2007 90	•		
Principal Place of Business 11900 LACY LANE FORT MYERS, FL 33912		Mailing Address 11900 LACY LANE FORT MYERS, FL 33912							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numb	er 20-441258	\ 7	Applied For lot Applicable	
Zip	Country	Zip Coun			5. Certificate	of Status Desired	□ \$5.00 Ac Fee Requir		
6.	Name and Address of Curren	t Registered Agent			7. Name and	Address of New Reg	ilstered Agent		
			١	Name					
VILLANO, CHE 11900 LACY L	ANE			Street Address (P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33912									
				City	<u> </u>				
	ed entity submits this statement for registered agent.	for the purpose of changing its	registered o	office or regist	ered agent, or bo	th, in the State of Floric	da. I am familiar with	n, and accept	
SIGNATURE	ure, typed or printed name of registered ager	nt and title if applicable. (NOTI	E: Registered Ag	gent signature requir	red when reinstating)		DATE		
Signat	re, typed or printed name of registered ager Fee is \$50.00 y May 1, 2007	nt and title if applicable. (NOTI	E: Registered Ag	gent signature requir	red when reinstating)		DATE check payable to Department of Sta		
Signat	Fee is \$50.00		E: Registered Ag	gent signature requir	red when reinstating)		check payable to Department of Sta		
Filing Due b	Fee is \$50.00 y May 1, 2007		10. TITLE NAME	MG Jo	RM hn A. Wil	ADDITIONS/C	check payable to Department of Sta	ite	
Filing Due b	Fee is \$50.00 y May 1, 2007	SERS/MANAGERS	10. TITLE NAME	MG Jo ADDRESS 82	RM hn A. Wil Berkshir	ADDITIONS/C	check payable to Department of Sta	ite	
9. TITLE NAME STREET ADDRESS	Fee is \$50.00 y May 1, 2007	SERS/MANAGERS	10. TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS 82 SO	RM hn A. Wil Berkshir uthwick,	ADDITIONS/C ander re Avenue MA 01077	check payable to Department of Sta HANGES Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	Fee is \$50.00 y May 1, 2007	BERS/MANAGERS Delete	TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	ADDRESS 82 SO Ch ADDRESS 89 FO	RM hn A. Wil Berkshir uthwick, RM ristopher 90 Paseo rt Myers.	ADDITIONS/C ander e Avenue	check payable to Department of Sta HANGES Change Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Fee is \$50.00 y May 1, 2007	SERS/MANAGERS	TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A STREET A	ADDRESS 82 F-ZIP SO Ch ADDRESS 89 F-ZIP FO MG St ADDRESS 15	RM hn A. Wil Berkshir uthwick, RM ristopher 90 Paseo rt Myers. RM even Rasn 400 Emme	ADDITIONS/CO ander e Avenue MA 01077 I. Villand De Valencia FL 33908	check payable to Department of Sta HANGES Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Fee is \$50.00 y May 1, 2007	BERS/MANAGERS Delete	TITLE NAME STREET A CITY-ST	ADDRESS 82 F-ZIP SO Ch ADDRESS 89 F-ZIP FO MG St ADDRESS 15	RM hn A. Wil Berkshir uthwick, RM ristopher 90 Paseo rt Myers. RM even Rasn 400 Emme	ADDITIONS/C ander e Avenue MA 01077 I. Villand De Valencia FL 33908	check payable to Department of Sta HANGES Change Change	Addition Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fee is \$50.00 y May 1, 2007	BERS/MANAGERS Delete Delete Delete	TITLE NAME STREET A CITY-ST	ADDRESS SO MG Ch ST-ZIP FO MG St 15-ZIP Will ADDRESS ADDRESS 15-ZIP Will ADDRESS ADDRESS MG ST 15-ZIP Will ADDRESS MG ST 15-ZIP MG ST 15-ZIP Will ADDRESS MG ST 15-ZIP MG ST 15-ZIP Will ADDRESS MG ST 15-ZIP MG ST 15-ZIP Will ADDRESS MG ST 15-ZIP MG ST 1	RM hn A. Wil Berkshir uthwick, RM ristopher 90 Paseo rt Myers. RM even Rasn 400 Emme	ADDITIONS/CO ander e Avenue MA 01077 I. Villand De Valencia FL 33908	check payable to Department of Sta HANGES Change Change	Addition Addition Addition	
Piling Due b 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Fee is \$50.00 y May 1, 2007	BERS/MANAGERS Delete Delete Delete	TITLE NAME STREET A CITY-ST	ADDRESS SO MG Ch St T-ZIP MG St T-ZIP ADDRESS T-ZIP ADDRESS	RM hn A. Wil Berkshir uthwick, RM ristopher 90 Paseo rt Myers. RM even Rasn 400 Emme	ADDITIONS/CO ander e Avenue MA 01077 I. Villand De Valencia FL 33908	check payable to Department of Sta HANGES Change Change	Addition Addition Addition	

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.

STREET ADDRESS City-St-Zip

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: John A. Wilander John Lillande 4-20-07 (413) 569-5585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disjurge Priorie #