


2000 LIMITED LIABILITY COMPANY

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90031 035 ***138.75

DOCUMENT # L06000043171	
1. Entity Name ECLIPSE RADIAL AIRCRAFT ENGINES, LLC	

Principal Place of Business 1605 WEST STATE ROAD 64 AVON PARK, FL 33825	Mailing Address 1605 WEST STATE ROAD 64 AVON PARK, FL 33825
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 235
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLACIDA FL	City & State PLACIDA FL
Zip 33946	Country



04302008 Chg-LLC CR2E083 (12/06)

4. FFL Number 56-2601058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 2141 LAKEVIEW DRIVE SEBRING, FL 33870	
7. Name and Address of New Registered Agent Name BETTY K. ALSTON Street Address (P.O. Box Number is Not Acceptable) 6853 PLACIDA RD. City ENGLEWOOD FL Zip Code 39224	

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 Betty K. Alston DATE 5-1-08

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

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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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALSTON, KENNETH A 1605 WEST STATE ROAD 64 AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] **DATE:** 5-1-08 **Daytime Phone #**

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