2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L06000059683

Entity Name: AERO AFTERMARKET LLC

Current Principal Place of Business:

16101 LYMESTONE CT
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

1803 ARASH CIRCLE
PORT ORANGE, FL 32128 US

Current Mailing Address:

16101 LYMESTONE CT
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

1803 ARASH CIRCLE
PORT ORANGE, FL 32128 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHAIR, RAYMOND
16101 LYMESTONE CT
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

RAYMOND E. PHAIR
1803 ARASH CIRCLE
PORT ORANGE, FL 32128 US

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: RAYMOND E. PHAIR 02/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PHAIR, RAYMOND
Address: 16101 LYMESTONE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHAIR, RAYMOND E
Address: 16101 LYMESTONE CT
City-St-Zip: NEW SMYRNA BEACH, FL 32128 US

Title: MGRM ( ) Change (X) Addition
Name: CHICAGO, JOSEPH
Address: 1805 BRUNETTI WAY
City-St-Zip: SPARKS, NV 89431 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND E. PHAIR MGRM 02/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date