

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084707

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: AIRCRAFT TURBINeworks, LLC

**Current Principal Place of Business:**

3060 AIRMANS DRIVE  
FT. PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

3060 AIRMANS DRIVE  
FT. PIERCE, FL 34946

**New Mailing Address:**

FEI Number: 56-2610861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GROTHER, TANYA  
5101 PALEO PINES CIRCLE  
FT. PIERCE, FL 34951 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: GROTH, TANYA  
Address: 5101 PALEO PINES CIRCLE  
City-St-Zip: FT. PIERCE, FL 34951

Title: MGRM ( ) Delete  
Name: GROTH, BRIAN  
Address: 5101 PALEO PINES CIRCLE  
City-St-Zip: FT. PIERCE, FL 34951

Title: MGRM ( ) Delete  
Name: GROTH, JEFF  
Address: 5860 NW ADGER COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

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

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 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: TANYA GROTH

MGRM

02/27/2007

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