


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 039 ***138.75

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| DOCUMENT # L07000027653 | |  |
| 1. Entity Name AERO PARTS MANAGEMENT, LLC. | | |
| Principal Place of Business 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178 | | Mailing Address 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178 |
| 2. Principal Place of Business - No P.O. Box # 12349 S.W. 132 Court | | 3. Mailing Address 12349 S.W. 132 Court |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State Miami, FL | | City & State Miami, FL |
| Zip 33186 | Country U.S.A. | Zip 33186 |
| | | Country U.S.A. |
| 6. Name and Address of Current Registered Agent CALDERA, ALEYDA D 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178 | | 7. Name and Address of New Registered Agent Name CALDERA, ALEYDA D Street Address (P.O. Box Number is Not Acceptable) 12349 SW 132 COURT City MIAMI FL Zip Code 33186 |
| 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 <u>Aleyda Caldera</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/28/08</u> | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CALDERA, ALEYDA D 10773 NW 58TH STREET MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | MGRM CALDERA, ALEYDA D. 12349 SW 132 COURT, MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAULSON, MATILDE M 10773 NW 58TH STREET MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | MGRM PAULSON, MATILDE M 12349 SW 132 COURT, MIAMI, FL 33186 <input checked="" 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 |
| | | MGR INTRIAGO, XAVIER 12349 SW 132 COURT, MIAMI, FL 33186 <input type="checkbox"/> Change <input checked="" 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 |
| 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: <u>Xavier Intriago</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date: <u>2/25/08</u> Daytime Phone #: <u>305-677-2171</u> |