


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

02-29-2008 90102 039 \*\*\*138.75

<b>DOCUMENT # L07000027653</b>				
1. Entity Name <b>AERO PARTS MANAGEMENT, LLC.</b>				
Principal Place of Business <b>10773 NW 58TH STREET STE. 329 MIAMI, FL 33178</b>		Mailing Address <b>10773 NW 58TH STREET STE. 329 MIAMI, FL 33178</b>		
2. Principal Place of Business - No P.O. Box # <b>12349 S.W. 132 Court</b>		3. Mailing Address <b>12349 S.W. 132 Court</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-8634905</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>33186</b>	Country <b>U.S.A.</b>	Zip <b>33186</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>CALDERA, ALEYDA D 10773 NW 58TH STREET STE. 329 MIAMI, FL 33178</b>			Name <b>CALDERA, ALEYDA D</b>	
			Street Address (P.O. Box Number is Not Acceptable) <b>12349 SW 132 COURT</b>	
			City <b>MIAMI</b> <b>FL</b> Zip Code <b>33186</b>	
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><i>Aleyda Caldera</i></u>		DATE <u><i>2/28/08</i></u>		
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CALDERA, ALEYDA D 10773 NW 58TH STREET MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CALDERA, ALEYDA D. 12349 SW 132 COURT, MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PAULSON, MATILDE M 10773 NW 58TH STREET MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PAULSON, MATILDE M 12349 SW 132 COURT, MIAMI, FL 33186</b> <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	<b>MGR INTRIAGO, XAVIER 12349 SW 132 COURT, MIAMI, FL 33186</b> <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	
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><i>Xavier Intriago</i></u>		DATE: <u><i>2/25/08</i></u> DAYTIME PHONE: <u><i>305-677-2171</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #		