

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000208

FILED
May 01, 2005
Secretary of State

Entity Name: ATLAS AIRPARTS INTERNATIONAL, L.C.

Current Principal Place of Business:

318 TAMiami TRAIL
#4
PUNTA GORDA, FL 33950

New Principal Place of Business:

1534 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983

Current Mailing Address:

318 TAMiami TR
#4
PUNTA GORDA, FL 339504870

New Mailing Address:

1534 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983

FEI Number: 65-0754694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DRESEL, EDWARD G
318 TAMiami TRAIL, UNIT 4
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SHIRLEY, KEVIN C
126 E. OLYMPIA AVENUE
SUITE 4
PUNTA GORDA, FL 33950 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: KEVIN C. SHIRLEY

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DRESEL, EDWARD G
Address: 318 TAMiami TRAIL STE 4
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DRESEL, EDWARD G
Address: 1534 RIO DE JANEIRO AVE
City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD G. DRESEL

MGRM

05/01/2005

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