

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003328

FILED
Aug 02, 2004
Secretary of State

Entity Name: DRAGON AEROSPACE, LLC

Current Principal Place of Business:

C/O LISETTE PIE SALAZAR, P.A.
240 CRANDON BLVD. SUITE 266
KEY BISCAYNE, FL 33149

Current Mailing Address:

C/O LISETTE PIE SALAZAR, P.A.
240 CRANDON BLVD. SUITE 266
KEY BISCAYNE, FL 33149

New Principal Place of Business:

C/O LISETTE PIE SALAZAR, P.A.
260 CRANDON BLVD. SUITE 48
KEY BISCAYNE, FL 33149

New Mailing Address:

C/O LISETTE PIE SALAZAR, P.A.
260 CRANDON BLVD. SUITE 48
KEY BISCAYNE, FL 33149

FEI Number: 65-0886158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISETTE PIE SALAZAR, P.A.
240 CRANDON BLVD. SUITE 266
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

LISETTE PIE SALAZAR, P.A.
246 CRANDON BLVD. SUITE 48
KEY BISCAYNE, FL 33149 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:

08/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LAIGNEL, LUCIENNE
Address: 50 W. MASHTA DRIVE, SUITE 2
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAIGNEL, LUCIENNE
Address: 260 CRANDON BLVD. #48
City-St-Zip: KEY BISCAYNE, FL 33149

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: LUCIENNE LAIGNEL

MGR

08/02/2004

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