2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

DOCUMENT # L9900000282 1. Entity Name PRIME AIR PARTS, L.L.C.					Jan 26, 200 Secretar	5 08:00 y of Stat		
Principal Place	ce of Business	Mailing Address						
2275 N.E. 164TH ST.		6264 OAKTON ST.	·					
	AMI BEACH FL 33160	MORTON GROVE IL 60	053					
2. Principal Place of Business		3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)			
City & State		City & State		4. FEI Num	ber		Applied For	
Zip Country		Zip Country			65-0889735	\$F.00	Not Applicat	
					ite of Status Desired	Fee Req	Additional uired	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name a	nd Address of New Re	gistered Agent		
NAPLES-LAWDOCK, INC.			Street Address (P.O. Box Number is Not Acceptable)					
	95 PANTHER LANE TE 300		Street Addre	ss (P.O. Box Num	nber is Not Acceptable)			
NAPLES FL 34109								
(City			FL Zip (Code	
8. The above	a named entity submits this statement for the	e purpose of changing its r	egistered office or regi	stered agent, or b	ooth, in the State of Flori	da. I am familiar v	ith, and acces	
1	tions of registered agent.		·· ·					
SIGNATURE	Signature, typed or printed name of registered agent and	this is applicable (NOTE	Registered Agent signature rea	ured when reinstating)		DATE		
		Make Check Payable	W!!! FEE IS \$50.0 to Florida Departr By May 1, 2005					
9.	MANAGING MEMBERS		10.	1.22.22.2772 <u>22</u> .	ADDITIONS/C	HANGES	<u></u> . <u></u> .	
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NAME SIRELI ADDRESS	COHEN, BARRY 12275 N.E. 164TH ST.		MAME SIMEET ADDRESS					
City-St-Zip	NORTH MIAMI BEACH FL 33160		CHY-SI-ZIP		1900000197 - U00000197 1900-201925	113 99-002 55.	nn	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE and TYPEU OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE