

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L99000004292</b><br>1. Entity Name<br>ROANT, L.L.C. |  |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>5439 NW 36TH ST.<br>MIAMI, FL 33166 | Mailing Address<br>5439 NW 36TH ST.<br>MIAMI, FL 33166 |
|--------------------------------------------------------------------|--------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04212005No Chg-LLC CR2E083 (10/03)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>65-1023189                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|                                                                                                                                           |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>KRUSZEWSKI, ANTHONY E<br>C/O U.S. AIRMOTIVE<br>5439 NW 36TH ST.<br>MIAMI, FL 33166 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KRUSE ENTERPRISES, LTD.<br>5439 NW 36TH STREET<br>MIAMI SPRINGS, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |

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UNRECORDED  
04/30/05-80122-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN E. KRUSZEWSKI 04/26/05 305-385-4991