2007 LIMITED LIABILITY COMPANY

FILED Apr 06, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L99000004292 1. Entity Name ROANT, L.L.C. Principal Place of Business Mailing Address 5439 NW 36TH ST. 5439 NW 36TH ST. MIAMI, FL 33166 MIAMI, FL 33166 03162007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 65-1023189 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRUSZEWSKI, ANTHONY E DO NOT WRITE C/O U.S. AIRMOTIVE 5439 NW 36TH ST. IN THIS SPACE MIAMI, FL 33166 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE KRUSE ENTERPRISES, LTD. NAME STREET ADDRESS 5439 NW 36TH STREET CITY-ST-ZIP MIAMI SPRINGS, FL 33166 ΠΤΙΕ NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP nn e

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 of the regiener or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> IGNING MANAGUIG MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF