


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000000446</b> 1. Entity Name CAE REMANUFACTURING LLC	
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Principal Place of Business 1797 DESOTO ROAD SARASOTA, FL 34234	Mailing Address 1797 DESOTO ROAD SARASOTA, FL 34234
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 86-0892801	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SICILION, HOWARD  
1797 DESOTO ROAD  
SARASOTA, FL 34234-3066

**DO NOT WRITE  
IN THIS SPACE**

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
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**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALLER, DON 702 N 21ST AVENUE PHOENIX, AZ 85009
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02/23/04-80111-014 50.00

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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)(l), 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.

<b>SIGNATURE:</b> 	<b>DON WALLER</b>	1/15/04	602-253-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	DayTime Phone #