

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90158 027 ***138.75

DOCUMENT # M03000001189

1. Entity Name
M7 AEROSPACE GP LLC



Principal Place of Business
**10823 NE ENTRANCE ROAD
SAN ANTONIO, TX 78216**

Mailing Address
**10823 NE ENTRANCE ROAD
SAN ANTONIO, TX 78216**

50004774



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0591743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MILLER, TED B
10823 NE ENTRANCE ROAD
SAN ANTONIO, TX 78216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, HAROLD J.M.
10823 NE ENTRANCE ROAD
SAN ANTONIO, TX 78216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUNCAN, JUDY
10823 NE ENTRANCE ROAD
SAN ANTONIO, TX 78216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

George J. Ricketts **George J. Ricketts** **2 V.P. Controller**

Date

Daytime Phone #

(210) 824-9421