


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000644 1. Entity Name AERORESIDUALS, LLC	
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Principal Place of Business 9650 GATEWAY DRIVE, STE. 202 RENO, NV 89521-3954	Mailing Address 9650 GATEWAY DRIVE, STE. 202 RENO, NV 89521-3954
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1660525	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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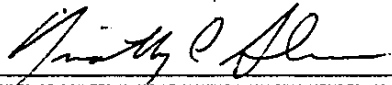
Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTROSE PARTING, LLC 9650 GATEWAY DRIVE, STE. 202 RENO, NV 895213954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLSTROM COMMERCIAL AEROSPACE, INC. 3701 FLAMINGO ROAD MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRAWBRIDGE SPECIAL OPPORTUNITIES FUND, LP 1251 AVENUE OF THE AMERICAS, 16TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VON HUSEN, FRED 9650 GATEWAY DRIVE, STE. 202 RENO, NV 895213954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/02/07-80008-002 50.00

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:  Timothy Glenn-18-06	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		