

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011540

1. Entity Name
BOUNTY AIR LEASING, LLC



Principal Place of Business
**121 ALHAMBRA PLAZA, PH I, STE. 1600
CORAL GABLES, FL 33134**

Mailing Address
**121 ALHAMBRA PLAZA, PH I, STE. 1600
CORAL GABLES, FL 33134**



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MORRIS, W. ALLEN
121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CORAL GABLES, FL 33134**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	MORRIS, DIANE Y
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PH , SUITE 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	MGR
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/28/05-80078-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

YAZMIN GIL, Manager 1/17/05 305-443-1000

Date

Daytime Phone #