## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000010982**

1. Entity Name

HORÍZON AVIATION LEASING, L.L.C.

FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

715 10TH ST SOUTH NAPLES, FL 34102 Mailing Address

715 10TH ST SOUTH NAPLES, FL 3410Z



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3671809 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, KERMIT S 715 10TH ST SOUTH NAPLES, FL 34102

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

## DO NOT WRITE IN THIS SPACE

·		IIV	I NIS SPACE
	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	CATE
FI	lling Fee is \$50.90 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM SUTTON, KERMIT S 715 10TH ST SOUTH NAPLES. FL 34102		100m0474750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 1101		1)6606474750 04/04/06-80036-005 50 <b>.00</b>
TITLE HAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY -ST-ZIP		IN	THIS SPACE
TITLE NAME CIPCET ADDRESS			

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 it 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: KLUNT

3-13-2006

(239) 263-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #