


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L01000001971 |  |
| 1. Entity Name CHARLIE LEASING, L.L.C. | |

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|--|--|
| Principal Place of Business 561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114 | Mailing Address 561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114 |
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| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E083 (11/03)

| | |
|--|---|
| 4. FEI Number 59-3697777 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | |
| FULLER, DAVID D JR. 630 N. WILD OLIVE AVENUE, SUITE A DAYTONA BEACH FL 32118 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---------------------------------|-----------------------|---|
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DAYTONA AIRCRAFT LEASING, INC. | | NAME | |
| STREET ADDRESS 561 PEARL HARBOR DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP DAYTONA BEACH FL 32114 | | CITY-ST-ZIP | |
| TITLE MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TRUSSELL, RICHARD T | | NAME | |
| STREET ADDRESS 561 PEARL HARBOR DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP DAYTONA BEACH FL 32114 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

U000000015583
01/28/04-80021-012 55.00

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: *Richard Trussell* **1-21-04** **800-868-4359**