## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000001971					Secretary of State
CHARLIE LEASING, L.L.C.					
Prigcipal Place of Business Ma		Malling Address	}		
561 PEARL HARBOR DRIVE STATE DAYTONA BEACH FL 32114		561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114			
2. Principal Place of Business		3. Mailing Address			
561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current F  FULLER, DAVID D JR. 630 N. WILD OLIVE AVENUE, SI DAYTONA BEACH FL 32118  8. The above named entity submits this statement for the obligations of registered agent.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)
City & State		City & State	& State		4. FEt Number 59-3697777 Applied For Not Applied For
Zip		Zip	Count	try -	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		<b>A</b> 12	7. Name and Address of New Registered Agent
FULLER, DAVID D JR. 630 N. WILD OLIVE AVENUE, SUITE A DAYTONA BEACH FL 32118				Name Street Address	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
		or the purpose of changing its	registere	ad office or regist	ered agent, or both, in the State of Florida. It am familiar with, and accept
SIGNATURE Signature. Spara or printed name of registered agent and title if applicable. (NOTE, Registered Agent algential				d Agent signature requir	ed when reinstating) DATE
FILE NOW!!! Make Check Payable to F Due By M				orida Departm	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES
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NAME DEDUCT ADDRESS	DAYTONA AIRCRAFT LEASING, INC.		NAME	et address }	U00008429097 02/21/06-80075-013 55.00
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NAME	TRUSSELL, RICHARD T	•	NAME	,	
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44 1 1					and to Continue 440. The tide Chat, too 1 feether and 6, that the information

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Feb 09 2006 08:00 AM

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATUR