2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L01000001974 1. Entity Name 02-02-2005 90155 004 ****55.00 ECHO LEASING, L.L.C. Principal Place of Business Mailing Address 561 PEARL HARBOR DRIVE DAYTONA BEACH FL 32114 561 PEARL HARBOR DRIVE **DAYTONA BEACH FL 32114** 20006397 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-3697780 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FULLER, DAVID D JR. Street Address (P.O. Box Number is Not Acceptable) 630 N. WILD OLIVE AVENUE, SUITE A DAYTONA BEACH FL 32118 Zip Code City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM Delete TITLE ☐ Change ☐ Addition DAYTONA WIRCRAFT LEASING, INC. 561 PEARL HARBOR DRIVE STREET ADDRESS STREET ADDRESS DAYTONÁ BEÁCH FL 32114 City-St-ZiP CITY-ST-7IP Defete TITLE ☐ Change ☐ Addition TRUSSELD, RICHARD T 561 PEARL HARBOR DRIVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT ☐ Delete ☐ Change Addition TITLE TITLE DIRECTOR SPENCE J. EDWARDS 561 PEARL HARBOR DRIVE DAYTONA BEACH, FL. 32114 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANAGING MEMBER Change **★** Addition TITLE WILLIAM F. STEPHENS TITLE NAME NAME 561 PEARL HARBER DRIVE + DIRECTOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TATLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: =

FILED

Feb 02, 2005 8:00 am