
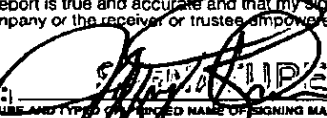


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

4/16

FILED
May 12, 2003 8:00 am
Secretary of State

04-16-2003 90029 022 ****50.00

| | | | | | | |
|---|---|-----|--|---|---|--|
| DOCUMENT # L02000008479 | | | | |  | |
| 1. Entity Name AAA AIRCRAFT LEASING, LLC | | | | | | |
| Principal Place of Business 1501 SIRWAY CIRCLE NEW SMYRNA BEACH FL 32168 | | | Mailing Address 1501 SIRWAY CIRCLE NEW SMYRNA BEACH FL 32168 | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| RAHM, JEFFREY A | | | Name | | | |
| 1501 SIRWAY CIRCLE | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| NEW SMYRNA BEACH FL 32168 | | | City | | | |
| | | | Zip Code FL | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 | | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jeff Rahm 1791 ARASH CR. Port Orange, FL 32128 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | DATE: 4-14-03 | | | |
| PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | DEFINITE PHONE # (386) 426-7795 | | | |

CR2E083 (10/02)