


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90279 006 ****50.00

DOCUMENT # L02000013909

1. Entity Name
PS AVIATION LEASING, LLC



Principal Place of Business
**1000 NORTH FEDERAL HIGHWAY
 POMPAÑO BEACH, FL 33062**

Mailing Address
**1000 NORTH FEDERAL HIGHWAY
 POMPAÑO BEACH, FL 33062**

24041045

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02052004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**HUMPHRIES, J. GREGORY
 300 SOUTH ORANGE AVENUE, SUITE 1000
 ORLANDO, FL 32801**

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **Corporation Company of Orlando**
 Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Ave., Suite 1000 (JGH)
 City **Orlando** FL Zip Code **32801**

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 *J. Gregory Humphries* **J. Gregory Humphries, Vice President** 3-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHIL SMITH MANAGEMENT, INC 1000 N. FEDERAL HWY. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SMITH, PHILIP P 1000 N. FEDERAL HWY. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVT DAYHOFF, MICHAEL R 1000 N. FEDERAL HWY. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUTTER, JON F 1000 N. FEDERAL HWY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, AS, T, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Michael R. Dayhoff* **Michael R. DAYHOFF** 3/16/04 954-867-1234
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #