


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90054 042 \*\*\*\*50.00

<b>DOCUMENT # L02000013909</b>					
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		
2. Principal Place of Business 4250 N. Federal Hwy.			3. Mailing Address 4250 N. Federal Hwy.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lighthouse Point, FL			City & State Lighthouse Point, FL		
Zip 33064		Country		Zip 33064	
				Country	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE. STE. 1000 (JGH) ORLANDO, FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	4250 N. Federal Hwy. Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	P-S-C 4250 N. Federal Hwy. Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV DAYHOFF, MICHAEL R 1000 N. FEDERAL HWY. POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-AS-T-CFO 4250 N. Federal Hwy. Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	4250 N. Federal Hwy. Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: <u>Michael R. Dayhoff</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			VP 4/27/05 (954) 867-1234 Date Daytime Phone #		
MICHAEL R. DAYHOFF					