## **2006 LIMITED LIABILITY COMPANY**

## Feb 24, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L02000022834** 02-24-2006 90244 021 \*\*\*\*55.00 AIRCRAFT HOLDING AND LEASING, LLC Principal Place of Business Mailing Address 707 SOUTH WASHINGTON BOULEVARD 707 SOUTH WASHINGTON BOULEVARD 20010256 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Chg-LLC CR2E083 (11/05) City & State City & State 4, FEI Number Applied For 32-0029430 Not Applicable Zin Country Zip 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 TOSCH, JOHN E Street Address (P.O. Box Number is Not Acceptable) 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State A MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Delete TITLE Change Addition TITLE BUCHANAN, VERNON G NAME NAME 707 S WASHINGTON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY - ST - ZIP TITLE vs ☐ Defete TITLE ☐ Change ☐ Addition TOSEH, JOHN E NAME NAME 707 S WASHINGTON BLVD STREET ADDRESS STREET ADORESS SARASOTA, FL 34236 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition NARVAEZ, CHRISTOPHER R NAME NAME STREET ADDRESS 707 S WASHINGTON BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPET UK PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

2-1806

Change

☐ Addition

**FILED**