

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90130 033 ****50.00

DOCUMENT # L02000022834

1. Entity Name
AIRCRAFT HOLDING AND LEASING, LLC



Principal Place of Business
**707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**

Mailing Address
**707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**

60023968



2. Principal Place of Business - No P.O. Box #

**50 Central Ave. Suite 900
Sarasota, FL 34236**

3. Mailing Address

**50 Central Ave. Suite 900
Sarasota, FL 34236**

02202007 Chg-LLC CR2E083 (12/06)

City

City & State

4. FEI Number
32-0029430

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**TOSCH, JOHN E
707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name

St **50 Central Ave. Suite 900** ceptable)
Sarasota, FL 34236

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

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BUCHANAN, VERNON G
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VS ☐ Delete
NAME TOSEH, JOHN E
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE T ☐ Delete
NAME HITEMAN, STEVE
STREET ADDRESS 707 S WASHINGTON BLVD
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **50 Central Ave. Suite 900**
STREET ADDRESS **Sarasota, FL 34236**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **John Tosch**
STREET ADDRESS **50 Central Ave. Suite 900**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE ☐ Change ☐ Addition
NAME **50 Central Ave. Suite 900**
STREET ADDRESS **Sarasota, FL 34236**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/2/07