




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90218 050 \*\*\*\*50.00

<b>DOCUMENT # L04000045227</b> 1. Entity Name <b>PROFESSIONAL AIR LEASING, LLC</b>						
Principal Place of Business <b>10 N.W. 42ND AVENUE, SUITE 400 MIAMI, FL 33126</b>			Mailing Address <b>10 N.W. 42ND AVENUE, SUITE 400 MIAMI, FL 33126</b>			
2. Principal Place of Business <b>10 N.W. 42nd AVE.</b>		3. Mailing Address <b>10 N.W. 42nd AVE.</b>		  <b>20020362</b>  03202006 Chg-LLC CR2E083 (11/05)		
Suite, Apt. #, etc. <b>SUITE 700</b>		Suite, Apt. #, etc. <b>SUITE 700</b>				
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>				
Zip <b>33126</b> Country <b>USA</b>		Zip <b>33126</b> Country <b>USA</b>				
4. FEI Number <b>34-2001174</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				  <b>20020362</b>  03202006 Chg-LLC CR2E083 (11/05)		
6. Name and Address of Current Registered Agent  <b>MOURIZ, REINALDO J 10 N.W. 42ND AVENUE, SUITE 400 MIAMI, FL 33126</b>						
7. Name and Address of New Registered Agent Name <b>MOURIZ, REINALDO J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 N.W. 42nd AVE., SUITE 700</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>						
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 <b>3/20/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J 10 N.W. 42ND AVENUE, SUITE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126 <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	
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	
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 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.						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>3-20-2006</b> (305) 8671577 <small>Daytime Phone #</small>		