

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050632

1. Entity Name
COASTAL AIRCRAFT LEASING, L.L.C.



Principal Place of Business
**132 HARRISON AVE
PANAMA CITY, FL 32401**

Mailing Address
**132 HARRISON AVE.
PANAMA CITY, FL 32401**



03032008No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1330619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

**MCELHENY, RANDALL A
132 HARRISON AVE
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCELHENY, RANDALL A
132 HARRISON AVE.
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RISH, WILLIAM J JR.
214 GAUTIER LANE
PORT ST. JOE, FL 32456**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RISH, RALPH
450 BLAKE DRIVE
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11000000462643
03/21/06-80042-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

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

3-6-06

Date

850-719-9478

Daytime Phone #