

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058799

Entity Name: CIRBUS 20 LEASING, LLC

FILED  
Jun 03, 2006  
Secretary of State

**Current Principal Place of Business:**

6279 DUPONT STATION COURT  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

1230 HUBBARD STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

6279 DUPONT STATION COURT  
JACKSONVILLE, FL 32217

**New Mailing Address:**

1230 HUBBARD STREET  
JACKSONVILLE, FL 32206

FEI Number: 20-1468989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOWARD A. CAPLAN, ATTORNEY, P.A.  
6260 DUPONT STATION COURT, SUITE C  
JACKSONVILLE, FL 32217      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HELOW, PETER  
Address: 6279 DUPONT STATION COURT  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HELOW, PETER  
Address: 1230 HUBBARD STREET  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER HELOW

MR

06/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date