2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 22, 2006 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # L05000094851 1. Entity Name PICL AVIATION MANAGEMENT I, L.L.C.						08-22-2006	90007 0	41 ****5	0.00
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City A State	2. Principal Place of Business		3. Mailing Address							
Country Zo	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07202006	Chg-LLC	CR2E0	83 (11/05)		
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CT CONTROL SYSTEM 100 SOUTH PINE ISLAND ROAD 101	Zip Country			Country		5. Certificate o	f Status Desired		\$5.00 Add Fee Required	litional d
CT CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD 200 SOUTH PINE ISLA		6. Name and Address of Current	Registered Agent		Namo	7. Name and A	ddress of New R	egistered A	gent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spritture, hyadro primor name of registered agent and the if applicable. (NOTE: Registered Agent algorative required when remaining) DATE	1200 SOUTH PINE ISLAND ROAD						is Not Acceptable)		
THE NAME STREET ADDRESS CITY-ST-ZIP CITY-S		•			City			FL	Zip Code	9
Separative hybrid or printed name of ingistered agent agent agent as it is applicable. (NOTE Requisited Agent signature required when intensingling) (Part			r the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MARK PETRUS AVIATION LENDING, L.L.C. 2000 WEST PLANO PARKWAY PLANO, TX 75075 TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TI	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Repistered	d Agant signature required	d when reinstating)		DATE		
TITLE NAME PETRUS AVIATION LENDING, L.L.C. 2300 WEST PLANO PARKWAY PLANO, TX 75075 TITLE NAME PLANO, TX 75075 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP										
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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: A DIE

-David Radunsky Linief Operating Officer

10 Aug 2006

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