

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000109271**

1. Entity Name  
**HALEY & PETRONI AIRCRAFT LEASING, LLC**



|  |  |
|--|--|
| Principal Place of Business<br><b>3410 N. HARBOR CITY BLVD.<br/>         MELBOURNE, FL 32901</b> | Mailing Address<br><b>3410 N. HARBOR CITY BLVD.<br/>         MELBOURNE, FL 32901</b> |
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**DO NOT WRITE IN THIS SPACE**



02062007No Chg-LLC CR2E083 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>20-3766950</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**LARKIN, DAVID G  
 FALLACE & LARKIN, L.C.  
 1900 S. HICKORY STREET, STE. A  
 MELBOURNE, FL 32901**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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 03/12/07-80023-020 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HALEY, JOHN<br>P.O. BOX 410558<br>MELBOURNE, FL 32941             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PETRONI, MARK<br>3410 N. HARBOR CITY BLVD.<br>MELBOURNE, FL 32901 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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 608, Florida Statutes.

**SIGNATURE:** 

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

Date: **3/1/07** Daytime Phone #: **321-956-6371**