

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000109271

1. Entity Name
HALEY & PETRONI AIRCRAFT LEASING, LLC



Principal Place of Business
3410 N. HARBOR CITY BLVD.
MELBOURNE, FL 32901

Mailing Address
3410 N. HARBOR CITY BLVD.
MELBOURNE, FL 32901



04142008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3766950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1100000913094
05/08/08-80002-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HALEY, JOHN
STREET ADDRESS	P.O. BOX 410558
CITY-ST-ZIP	MELBOURNE, FL 32941
TITLE	MGR
NAME	PETRONI, MARK
STREET ADDRESS	3410 N. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

321-
4/16/08 956-6371
Date Daytime Phone #