
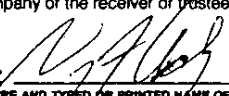


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90063 012 ***138.75

DOCUMENT # L06000053658 1. Entity Name DAYTONA BEACH AVIATION LEASING, LLC					
Principal Place of Business 205 CESSNA BLVD. SUITE 1 DAYTONA BEACH, FL 32128			Mailing Address 205 CESSNA BLVD. SUITE 1 DAYTONA BEACH, FL 32128		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KANE, KEVIN 1200 PLANTATION ISLAND DR. SOUTH SUITE 220 ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VOEY, WILLIAM 205 CESSNA BLVD. SUITE 1 DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UDEY, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMPSON, ALAN 205 CESSNA BLVD. SUITE 1 DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  1/28/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

60004000



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4935012** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required