

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073175

FILED
Mar 20, 2009
Secretary of State

Entity Name: ENDEAVOUR AIRCRAFT LEASING, LLC

Current Principal Place of Business:

4391 NW 150TH STREET ROAD
OPA-LOCKA, FL 33054

New Principal Place of Business:

14970 NW 42ND AVE
SUITE #121
OPA-LOCKA, FL 33054

Current Mailing Address:

4391 NW 150TH STREET ROAD
OPA-LOCKA, FL 33054

New Mailing Address:

14970 NW 42ND AVE
SUITE #121
OPA-LOCKA, FL 33054

FEI Number: 20-5314817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOLINEZ, FREDDY
4281 NW 147TH TERRACE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

ANTOLINEZ, FREDDY
14970 NW 42ND AVE
SUITE 121
OPA-LOCKA, FL 33054 US

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: FREDDY ANTOLINEZ

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: ANTOLINEZ, FREDDY
Address: 7085 NW 173RD DRIVE #403
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: HERRERA, LUIS C
Address: 952 NW 206 ST
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: ANTOLINEZ, FREDDY
Address: 2700 SW 121 AVE
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FREDDY ANTOLINEZ

D

03/20/2009

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