

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jun 08, 2007 8:00 am
Secretary of State

01-19-2007 90133 003 ****50.00

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01092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000074380					
1. Entity Name AVIALEASE INTERNATIONAL, LLC					
Principal Place of Business 6355 NW 36TH STREET, SUITE 602 MIAMI, FL 33166			Mailing Address 6355 NW 36TH STREET, SUITE 602 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 6355 NW 36 ST		3. Mailing Address 6355 NW 36 ST			
Suite, Apt. #, etc. 602		Suite, Apt. #, etc. 602			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 26-0292981	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPSON, STUART A ESQ. 16900 N.E. 19TH AVENUE N. MIAMI BEACH, FL 33162			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMKOIT, LEONARD 6355 NW 36TH STREET, SUITE 602 MIAMI, FL 33166	<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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	

ATTACHMENT

30010251

#606000074380



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The Digital Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

26-0292981

Today's Date is: June 05, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.



ATTACHMENT
30010251

Division of Corporations

2007 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the
annual report form.**

This information cannot be changed on the report.	
Document Number	L06000074380
Business Entity Name	AVIALEASE INTERNATIONAL, LLC
Original File Date	07/26/2006

FEI Number

Principal Address 6355 NW 36TH STREET, SUITE 602
MIAMI, FL 33166

Mailing Address 6355 NW 36TH STREET, SUITE 602
MIAMI, FL 33166

Registered Agent ESQ. STUART A LIPSON
16900 N.E. 19TH AVENUE N.
MIAMI BEACH, FL 33162 US

Managing Member/Manager Name And Address

MGRM
LEONARD SIMKOIT
6355 NW 36TH STREET, SUITE 602
MIAMI, FL 33166

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