

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115128

FILED
Apr 30, 2007
Secretary of State

Entity Name: ENDEAVOUR HELICOPTER LEASING, LLC

Current Principal Place of Business:

4281 N.W. 147TH TERRACE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

4281 N.W. 147TH TERRACE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 20-8012450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOLINEZ, FREDDY
4281 N.W. 147TH TERRACE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANTOLINEZ, FREDDY
Address: 7085 N.W. 173RD DRIVE #403
City-St-Zip: MIAMI, FL 33015

Title: MGRM () Delete
Name: HERRERA, LUIS C
Address: 952 N.W. 206TH STREET
City-St-Zip: MIAMI GARDEN, FL 33169

Title: MGRM (X) Delete
Name: LAM, MARTIN E
Address: 1600 NORTH TREASURE DRIVE
City-St-Zip: NORTHBAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HERRERA, LUIS C
Address: 952 N.W. 206TH STREET
City-St-Zip: MIAMI GARDENS, FL 33169

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

MGRM

04/30/2007

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