


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 05, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L96000000717</b> 1. Entity Name JET LEASING, L.C.	
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Principal Place of Business 2117 S BABCOCK ST #115 MELBOURNE, FL 32901	Mailing Address 2117 S BABCOCK ST #115 MELBOURNE, FL 32901
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02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3390794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  URQUHART, THOMAS L 2411 PARSONS AVE. MELBOURNE, FL 32901-5237
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

02/09/07-80057-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM URQUHART, THOMAS L 2411 PARSONS AVE. MELBOURNE, FL 329015237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MATHEWS, EDWARD D 1000 U.S. 27 NORTH HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM STANTON, JAMES 7000 20TH ST #954 VERO BEACH, FL 32966
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:** *Thomas L Urquhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/2/07*

Date

*321-723-8947*

Daytime Phone #