File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS co [PR 21 PH 5: 07 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # 198000000431 1a. Principal Place of Business Address JET LEASING GROUP, LLC 606 S. MILITARY TRAIL 606 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 04/01/1998 Suite, Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-082/086 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Z(p)Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WILLIAMS, MARK 606 S. MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33442 .400002857064<u>---</u> Suite, Apt #, etc -04/29/99--01103--004 ****188.75 ****188.75 Zp Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations DATE SIGNATURE _ (Registered Agent Accepting Agent the country of the Helps cont Agent signature in providence in a surror 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ROGERS, WILLIAM M 430 WOODRUFF RD., STE. 300 GREENVILLE SC

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under path, 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, and that my name appears in Block 10, or on an attachment with an address.

TELEPHARME CRESS CONTINUE MARPIAN (THE ANY MORE RESIDENCE OF MARKET HERE

2/23/99 (864) 297-4400

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SIGNATURE: