

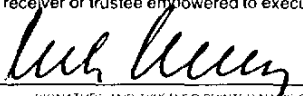


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 29 MAY -3 PM 5:00 SECRETARY OF STATE 111 EAST PALM BEACH BLVD.
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company AIR LEASE INTERNATIONAL ONE L.C. 1800 N.W. 89TH PLACE MIAMI FL 33172		DOCUMENT # L98000000767 1a. Principal Place of Business Address 1800 N.W. 89TH PLACE MIAMI FL 33172		
2. Principal Place of Business 444 Avenida Parkway Suite, Apt. #, etc.	2a. Mailing Address 444 Avenida Parkway Suite, Apt. #, etc.	3. Date Organized or Qualified 06/10/1998	3a. State of Formation FL	
City & State Miami, Florida Zip 33156	City & State Miami, Florida Zip 33156	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country USA	Country USA	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent IMMER, JOHN G KELLEY DRYE & WARREN LLP 201 S. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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.				
SIGNATURE _____		DATE _____		
<small>(Registered Agent Accepting Appointment) (NOL Registered Agent signature required when transferring)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	ULLRICH, PETER F	1800 N.W. 89TH PLACE	MIAMI FL	
		600002868406---0 -05/07/99--01152--004 ****188.75 ****188.75 		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further 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 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, and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE:  PETER ULLRICH 3/5/99 305-6653828				
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				