2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000002411

1. Entity Name

BEASLEY AIRCRAFT LEASING LLC



03-15-2004 90429 048 ****50.00

Mar 15, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 34103 Mailing Address

3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 34103



DO NOT WRITE IN THIS SPACE

02252004 No Chg-LLC CR2

CR2E083 (10/03)

FEI Number
59-3664647

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BEASLEY, GEORGE 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 34103

SIGNATURE:

DC	NOT	WRITE
IN	THIS	SPACE

SIGNATURE Hron & Bearly						
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist	ered Agent signature required when reinstating)	DATE			
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		Professional Control of the Control) ; 2 ; 2		
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	BEASLEY, GEORGE	-				
STREET ADDRESS	3033 RIVIERA DRIVE, SUITE 200		# * * * * * * * * * * * * * * * * * * *			
CITY-ST-ZIP	NAPLES, FL 34103		ı			
TITLE						
NAME				* 1		
STREET ADDRESS						
CITY-ST-ZIP				;		
TITLE		ж.		. *		
NAME STREET ADDRESS				1		
CITY-ST-ZIP	the way to the second of the s	The DO NO	OT WRITE	9.0		
TITLE	<u> </u>	 1	3 4	ļ		
NAME		I IN IH	IS SPACE			
STREET ADDRESS				,		
CITY-ST-ZIP						
TITLE						
NAME			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS				ı		
CITY-ST-ZIP		4				
TITLE						
NAME -						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	to the second of	الموادية المعادي	*		
CITY-ST-ZIP						
11. I 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 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 qequired by Chapter 608, Florida Statutes.						

REPRESENTATIVE

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