2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001484

Entity Name: A&R JET LEASING, LLC

Name:

Address:

City-St-Zip:

2333 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2333 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2333 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134 FEI Number: 75-3037938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUSTIN, MICHELLE AUSTIN, MICHELLE M 2333 PÓNCE DE LEON BLVD 2333 PÓNCE DE LEON BLVD STE 600 STE 600 MIAMI, FL 33134 US MIAMI, FL 33134 US 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: MICHELLE M. AUSTIN 04/28/2004 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete POTAMKIN, ROBERT M Name: Name: 2333 PONCE DE LEON BLVD. Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: POTAMKIN, ALAN H Name: Address: 2333 PONCE DE LEON BLVD. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FARR, VERONICA Name: Name: 2333 PONCE DE LEON BLVD. Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition YUSKO, DAVID

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VERONICA FARR 04/28/2004