

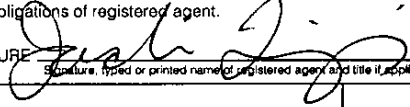
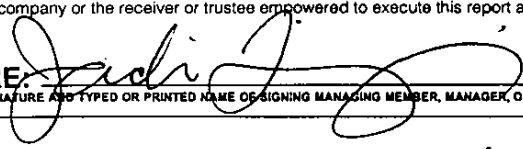


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90111 030 ****50.00

DOCUMENT # M05000003189					
1. Entity Name SIERRA AIRCRAFT LEASING, LLC					
Principal Place of Business 777 E ATLANTIC AVENUE STE Z-364 DELRAY BEACH, FL 33483			Mailing Address 777 E ATLANTIC AVENUE STE Z-364 DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-3155341				08042006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLEASON, JOHN 777 E ATLANTIC AVENUE STE Z-364 DELRAY BEACH, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			DATE <u>7/31/06</u>		
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEASON, JOHN		NAME		
STREET ADDRESS	777 E ATLANTIC AVENUE STE Z-364		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	MGRM		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOKE, MARK		NAME	Rooke, Mark	
STREET ADDRESS	7225 FULTON AVENUE		STREET ADDRESS	13743 Ventura Blvd, Suite 300	
CITY-ST-ZIP	NORTH HOLLYWOOD, CA 91605		CITY-ST-ZIP	Sherman Oak, CA 91423	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			DATE <u>7/31/</u> DAYTIME PHONE # <u>(818) 461-9100</u>		