


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008845

1. Entity Name
FLORIDA FLYWAY PROPERTIES, LLC



Principal Place of Business C/O JEFFERY ETHELTON, MD 106 MILFORD ST., SUITE 605 SALISBURY, MD 21804	Mailing Address C/O JEFFERY ETHELTON, MD 106 MILFORD ST., SUITE 605 SALISBURY, MD 21804
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2588828	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALTER H. MESSICK, P.A.
 1900 CORPORATE BLVD
 SUITE 200 EAST
 BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ETHELTON, JEFFREY M.D. 106 MILFORD ST., STE 605 SALISBURY, MD 21804
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 04/22/06-80013-025 55.00

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:  **03/29/06** 410334 2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Copy/Phone #