


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90173 017 \*\*\*\*50.00

<b>DOCUMENT # L02000031887</b> 1. Entity Name <b>WALDO WRIGHT'S FLYING SERVICES II, LLC</b>					
Principal Place of Business <b>286 AUDUBON OAKS #3-106 LAKELAND, FL 33809</b>			Mailing Address <b>1425 BRIARCLIFFE DR. POWELL, OH 43065</b>		
2. Principal Place of Business <b>2058 BARFIELD RD</b>		3. Mailing Address <b>2058 BARFIELD RD.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>POLK CITY, FL.</b>		City & State <b>POLK CITY, FL.</b>		4. FEI Number <b>06-1662490</b>	
Zip <b>33868</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT ALAN LOCK 286 AUDUBON OAKS #3-106 LAKELAND, FL 33809</b>			7. Name and Address of New Registered Agent Name <b>ROBERT - ALAN LOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2058 BARFIELD RD.</b> City <b>POLK CITY</b> <b>FL</b> Zip Code <b>33868</b>		
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 <u><i>Robert A. Jour</i></u> DATE <u>2/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LOCK, ROBERT ALAN 286 AUDUBON OAKS LAKELAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STILL, VALERIE R 286 AUDUBON OAKS LAKELAND, FL 33809</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Robert A. Jour</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>2/1/06</u> <u>863 899-8310</u> <small>Date Daytime Phone #</small>		