2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90023 009 ****50.00

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1. Entity Name
FLYTE TYME OF FLORIDA, LLC

Principal Place of Business	Mailing Address
2255 GLADES ROAD SUITE 218 A BOCA RATON, FL 33431-7383 US	15 ARBOR ROAD CAMPBELL HALL, NY 10916 US

03222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	81 Franklin Turnpike
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Mahwah, NJ
Zip / Country	Zip: 07430 / Country: USA

4. FEI Number: 20-0126066 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISS & HANDLER, P.A. 2255 GLADES ROAD SUITE 218 A BOCA RATON, FL 33431-7383	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SERAFIN, ALLEN J 15 ARBOR ROAD CAMPBELL HALL, NY 10916 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Serafin, Allen J. 168 Stephens Lane Mahwah, NJ 07430 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSE, TIMOTHY P 30 KIERSTED PLACE MAHWAH, NJ 07430 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGR 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #