#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L03000018006

1. Entity Name
FLYING DEER ENTERPRISES, LLC



FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90044 028 \*\*\*\*50.00

Principal Place of Business

Mailing Address

15875 BRITTEN LANE WELLINGTON, FL 33414 15875 BRITTEN LANE WELLINGTON, FL 33414

20028423



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01122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1697301

Not Applicable

\$5.00 Additional

Applied For

5. Certificate of Status Desired

\$5.00 Addition

6. Name and Address of Current Registered Agent

ANDRESS, LAURENCE M ESQ 1570 MADRUGA AVENUE, STE. 311 CORAL GABLES, FL 33146

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Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	OATE
SIGNATURE		
<ol> <li>the above named entity submits this statement for the purpose of chan the obligations of registered agent.</li> </ol>	ging its registered office or registered agent, or both	, in the State of Florida. If am familiar with land access:

#### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADORESS CITY-ST-ZIP	P DENNIS, JAFFE 15875 BRITTEN LANE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, ERIE 15435 HAWKER LANE WELLINGTON, FL 33414
TRLE MAME STREET ADDRESS CHY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CHY-ST-ZIP	
MAME STREET ADDRESS CHY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 acculate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of this imited liability company or the pectiver or trustee empowered to execute this proof as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATUE

4/5/05

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DENNIS J JAPAE