

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032915

Entity Name: ATP FLIGHT ACADEMY, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

3208 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

1555 THE GREENS WAY
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 1784
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 01-0796611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JUSTIN DENNIS 2006 T, RUST
Address: 1555 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR () Delete
Name: KOZIARSKI, JAMES B
Address: 1555 THE GREENS WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM ANKER

REP

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date