### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000017317**

1. Entity Name

GRASS ROOTS FLYERS, L.L.C.



Principal Place of Business

808 W NEW HAMPSHIRE ST ORLANDO, FL 32804 Mailing Address

808 W NEW HAMPSHIRE ST ORLANDO, FL 32804

## FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90124 007 \*\*\*138.75



## DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-0862523	Not Applicable
	\$5.00 ********

Certificate of Status Desired

\$5.00 Addition Fee Required

6.	Name	and /	Address	Of C	urrem	Regis	tered	Age	Ю

GAY, DAVID C 808 W NEW HAMPSHIRE ST ORLANDO, FLX 32804

# DO NOT WRITE IN THIS SPACE

8. The ab	ove named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or bo	oth, in the State of Florida.	I am familiar with, and accept
the obt	gations of registered agent.			
SIGNATU	BE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aignature required when reinstating)		DATE

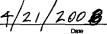
#### FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR () GÁY, DÁVID C 808 W.NEW HAMPSHIRE ST ORLANDO, FL 32804		
TITLE NAME STREET ADDRESS CITY+S1-Zip		***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE
- IN THIS SPACE

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 1 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:	$\underline{\hspace{1cm}}$	
SIGNATURE	AND TYPED OR PRINCE	NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



407-841-0671