

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90042 018 \*\*\*\*50.00

**DOCUMENT # L04000037997**

1. Entity Name  
FLYING B, LLC



Principal Place of Business  
27000 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956

Mailing Address  
PO BOX 536  
OKEECHOBEE, FL 34973

30011128



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number

650820698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADY, FRANK  
27000 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956

7. Name and Address of New Registered Agent

Name  
FRA-MAR ENTERPRISES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
27000 SW Warfield Blvd

Indiantown, FL 34956

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

*Frank J. Brady*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

x 7/6/05

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME BRADY, FRANK  
STREET ADDRESS PO BOX 536  
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE MGRM ☒ Delete  
NAME BRADY, MARILYN  
STREET ADDRESS PO BOX 536  
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE MGRM ☒ Delete  
NAME BRADY, ROBERT  
STREET ADDRESS 6705 WOODBINE WAY  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE MGRM ☒ Delete  
NAME BRADY, ANGELA  
STREET ADDRESS 6705 WOODBINE WAY  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME FRA-MAR ENTERPRISES, INC.  
STREET ADDRESS PO Box 536  
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Frank J. Brady*

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

Date

Daytime Phone #

x 7/6/05