


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000037997 1. Entity Name FLYING B, LLC	
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Principal Place of Business 27000 SW WARFIELD BLVD. INDIANTOWN, FL 34956	Mailing Address PO BOX 536 OKEECHOBEE, FL 34973
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DO NOT WRITE IN THIS SPACE



03272007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0820698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRA-MAR ENTERPRISES, INC 27000 SW WARFIELD BLVD. INDIANTOWN, FL 34956
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**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRA-MAR ENTERPRISES, INC 27000 SW WARFIELD BLVD. INDIANTOWN, FL 34956
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04/06/07-80012-008 50.00

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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 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: Manfred Brady 3-27-07 (772) 597-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Doyling Phone #