

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048585

FILED
Jan 29, 2007
Secretary of State

Entity Name: FLYING CLOUD PROPERTIES LLC

Current Principal Place of Business:

23031 TUCKAHOE RD.
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

23031 TUCKAHOE RD.
ALVA, FL 33920

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRYS, ROBERT
23031 TUCKAHOE RD.
ALVA, FL 33920 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: ANDRYS, ROBERT
Address: 23031 TUCKAHOE RD
City-St-Zip: ALVA, FL 33920

Title: MGRM () Delete
Name: ANDRYS, SANDY
Address: 23031 TUCKAHOE RD.
City-St-Zip: ALVA, FL 33920

Title: MGRM () Delete
Name: ANDRYS, DOUGLAS
Address: 2420 BRINKHAUS ST.
City-St-Zip: CHASKA, MN 55318

Title: MGRM () Delete
Name: ANDRYS, TERESA
Address: 2420 BRINKHAUS ST.
City-St-Zip: CHASKA, MN 55318

ADDITIONS/CHANGES:

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

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

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 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: TERESA ANDRYS

MGRM

01/29/2007

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