2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM DOCUMENT # L04000059230 **Secretary of State** 1. Antity Name ANGELSWINGS, LLC Mailing Address Principal Place of Business 8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt If, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State 51-0508045 Not Applica Zip Country Zio \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name JAMES, GEORGE 8596 ARLINGTON EXPRESSWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 Zip Code 8. The above named entity submits this stategies to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typer e of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE Change DAC" TITLE MGR □ Delete NAME JAMES, GEORGE NAME STREET ADDRESS U0000044801**3** STREET ADDRESS 8596 ARLINGTON EXPRESSWAY CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP 03/08/06 88079-024 55.00 ☐ Adam. Change ☐ Delete 7171E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Add... NAME NAMC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-St-ZP ☐ Change □ Advisor DHE ☐ Delete TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THRE Chance Ch T ACC TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP DITY-ST-285 ☐ Change TITLE Delete TITLE እላለየ NAME STREET ACCRESS STREET ADDRESS CHY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

FILED