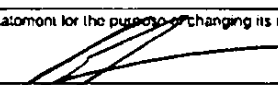
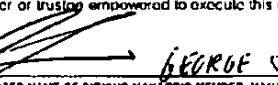


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

02-15-2007 90278 025 *****55.00

DOCUMENT # L04000059230			
1. Entity Name ANGELSWINGS, LLC			
Principal Place of Business 8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		Mailing Address 8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211	
2. Principal Place of Business - No P.O. Box # A/H		3. Mailing Address A/H	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0508045		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JAMES, GEORGE 8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 		DATE 2/7/07	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME JAMES, GEORGE	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPRESSWAY	CITY, ST, ZIP JACKSONVILLE FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE MANAGING INVESTOR	NAME ALAN ROBERTS	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPR	CITY, ST, ZIP JAX FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE PARTIAL ACCOUNTANT	NAME ALAN ROBERTS	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPR	CITY, ST, ZIP JAX FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE MANAGING INVESTOR	NAME A. L. WILSON	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPR	CITY, ST, ZIP JAX FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE PARTIAL INVESTOR	NAME G. JAMES	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPR	CITY, ST, ZIP JAX FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE MANAGING INVESTOR	NAME L. CROOKER	TITLE	NAME
STREET ADDRESS 8596 ARLINGTON EXPR	CITY, ST, ZIP JAX FL 32211	STREET ADDRESS	CITY, ST, ZIP
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing 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: 		DATE 2/7/07 404-725-5750	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			

Per.

850 245.6051.