


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 018 ****50.00

DOCUMENT # L04000072444	
1. Entity Name FLG EXPRESS, L.L.C.	

Principal Place of Business 1500 TRADEPORT DRIVE, SUITE B ORLANDO FL 32824-8450	Mailing Address 1500 TRADEPORT DRIVE, SUITE B ORLANDO FL 32824-8450
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2. Principal Place of Business - No P.O. Box # 1181 Tradeport Dr.	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando, FL	City & State
Zip 32824	Country Orange

1st MOORE	CR2E083 (10/06)
4. FEI Number 20-1687546	Applied For Not Applicable

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 WEATHERFORD, WILLIAM P JR 1150 LOUISIANA AVENUE, STE. 4 WINTER PARK FL 32789	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY- ST- ZIP	MGR JORDAN, JOHN P 1500 TRADEPORT DRIVE, SUITE B ORLANDO FL 32824-8450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

4/26/2007

(407) 4385499

Date

Daytime Phone #