

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000094175

1. Entity Name
FUN FLIGHT AVIATION, LLC



Principal Place of Business
**931 DREXEL AVE. NORTHEAST
WINTER HAVEN, FL 33881**

Mailing Address
**PO BOX 282
WINTER HAVEN, FL 33882-0282**



01302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2068792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WENDEL, JOHN F
WENDEL & CHRITTON, CHARTERED
225 E. LEMON ST., SUITE 351
LAKELAND, FL 33801**

**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, 2006**

000000415946

02/11/06-80103-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SECKINGER, RALPH R
931 DREXEL AVE. NE
WINTER HAVEN, FL 33882**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SECKINGER, BETTY G
931 DREXEL AVE. NE
WINTER HAVEN, FL 33882**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MADLEY, JOHN O
142 AUDUBON RD.
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Ralph Seckinger*

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

Date

Daytime Phone #

1-30-06