

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 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**



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2068792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECKINGER, RALPH R 931 DREXEL AVE. NE WINTER HAVEN, FL 33882
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECKINGER, BETTY G 931 DREXEL AVE. NE WINTER HAVEN, FL 33882
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADLEY, JOHN O 142 AUDUBON RD. WINTER HAVEN, FL 33884
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/08-80011-021 138.75

**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:

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

Date

Daytime Phone #

Ralph Seckinger
2-2-2008