

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000018046

1. Entity Name
CENTRAL FLORIDA FLYING PARTNERS, LLC



Principal Place of Business
**1731 LAKE CLAY DR
LAKE PLACID, FL 33852 US**

Mailing Address
**1731 LAKE CLAY DR
LAKE PLACID, FL 33852 US**



01232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1674258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARTER, RONNIE T SR
1843 US 27 NORTH
SEBRING, FL 33870**

**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

Ronnie T. Carter Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000605004
01/30/07-80018-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARTER, RONNIE T SR
1843 US 27 N
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHESHIRE, J.T. JR
15600 JEFFERSON AVE SOUTH
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DONALD J ELLIOT, PA
1731 LAKE CLAY DR
LAKE PLACID, FL 33852**

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:

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

1.23.07

Date

863-465-9838

Daytime Phone #