

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018046

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA FLYING PARTNERS, LLC

**Current Principal Place of Business:**

1731 LAKE CLAY DR  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

1731 LAKE CLAY DR  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

**FEI Number:** 84-1674258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CHESHIRE, J.T. JR  
15600 JEFFERSON AVE SOUTH  
LAKE PLACID, FL 33852 US

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.

SIGNATURE: J.T. CHESHIRE, JR.

02/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHESHIRE, J.T. JR  
Address: 15600 JEFFERSON AVE SOUTH  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM  
Name: DONALD J ELLIOT, PA  
Address: 1731 LAKE CLAY DR  
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: J.T. CHESHIRE, JR.

MGRM

02/20/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date