

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044207

Entity Name: FLYING FOX LEASING LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

1250 HIDDEN HARBOR WAY
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

1250 HIDDEN HARBOR WAY
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-2781206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P
2300 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOWLER, ANN
Address: 3077 DESOTO RD.
City-St-Zip: SARASOTA, FL 34234

Title: MGRM () Delete
Name: FOWLER, RON
Address: 3077 DESOTO RD.
City-St-Zip: SARASOTA, FL 34234

Title: MGRM (X) Delete
Name: GABBERT INVESTMENTS, GROUP, LLC
Address: 1250 HIDDEN HARBOR WAY
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GABBERT, JIM
Address: 1250 HIDDEN HARBOR WAY
City-St-Zip: SARASOTA, FL 34242

Title: MGRM (X) Change () Addition
Name: GABBERT, LORI
Address: 1250 HIDDEN HARBOR WAY
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JIM GABBERT

MGRM

03/25/2009

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