


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90139 022 \*\*\*\*50.00

|  |                                      |     |  |  |   |
|--|--------------------------------------|-----|--|--|---|
| <b>DOCUMENT # L05000103507</b>   |                                      |     |  |           |   |
| 1. Entity Name<br><b>FM FLYING SERVICE, LLC</b>  |                                      |     |  |  |   |
| Principal Place of Business<br><b>5480 E. HARBOR VILLAGE DRIVE<br/>VERO BEACH FL 32967-7367<br/>US</b>   |                                      |     | Mailing Address<br><b>5480 E. HARBOR VILLAGE DRIVE<br/>VERO BEACH FL 32967-7367<br/>US</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #   |                                      |     | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.  |                                      |     | Suite, Apt. #, etc.  |  |   |
| City & State   |                                      |     | City & State   |  |   |
| Zip  | Country                              | Zip | Country  | 4. FEI Number<br><b>AP-PLIED FOR</b>   |   |
|  |                                      |     |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      |     |  | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent  |                                      |     |  | 7. Name and Address of New Registered Agent  |   |
| <b>ROSENBERG, ALAN M<br/>311 SIXTH AVENUE<br/>INDIALANTIC FL 32903</b>   |                                      |     |  | Name   |   |
|  |                                      |     |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |                                      |     |  | City   |   |
|  |                                      |     |  | <b>FL</b> Zip Code   |   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |                                      |     |  |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |                                      |     |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |     |  | 10. ADDITIONS / CHANGES  |   |
| TITLE  | MGRM <input type="checkbox"/> Delete |     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MUTH, FRANK P                        |     |  | NAME   |   |
| STREET ADDRESS   | 5480 E. HARBOR VILLAGE DRIVE         |     |  | STREET ADDRESS   |   |
| CITY ST ZIP  | VERO BEACH FL 32967-7367             |     |  | CITY ST ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete      |     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      |     |  | NAME   |   |
| STREET ADDRESS   |                                      |     |  | STREET ADDRESS   |   |
| CITY ST ZIP  |                                      |     |  | CITY ST ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete      |     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      |     |  | NAME   |   |
| STREET ADDRESS   |                                      |     |  | STREET ADDRESS   |   |
| CITY ST ZIP  |                                      |     |  | CITY ST ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete      |     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      |     |  | NAME   |   |
| STREET ADDRESS   |                                      |     |  | STREET ADDRESS   |   |
| CITY ST ZIP  |                                      |     |  | CITY ST ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete      |     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      |     |  | NAME   |   |
| STREET ADDRESS   |                                      |     |  | STREET ADDRESS   |   |
| CITY ST ZIP  |                                      |     |  | CITY ST ZIP  |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |     |  |  |   |
|  |                                      |     |  | Date _____   |   |

30003324  
NOT APPLICABLE  
1st MOORE CR2E083 (10/06)



ATTACHMENT  
30603324

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2007

FM FLYING SERVICE, LLC  
5480 E. HARBOR VILLAGE DRIVE  
VERO BEACH, FL 32967-7367 US

Subject: **FM FLYING SERVICE, LLC**

Reference Number: **L05000103507**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

I AM THE SOLE OWNER OF ONE AIRCRAFT.  
I DO NOT EMPLOY ANYONE

*Francis M. Smith*  
*Francis M. Smith*

P.O. BOX 6478 - Tallahassee, Florida 32314