

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 018 ****50.00

DOCUMENT # L05000108193					
1. Entity Name FLYIN' ANDES, LLC					
Principal Place of Business 1514 B DACRON DR. TALLAHASSEE, FL 32301			Mailing Address 19 WEATHERLY AVE. NEWPORT, RI 02840		
2. Principal Place of Business - No P.O. Box # 2731 Blairstone Rd		3. Mailing Address			
Suite, Apt. #, etc. #136		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State		4. FEI Number 20-3751037	
Zip 32301		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, MARK H 1514 B DACRON DR. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2731 Blairstone Rd #136 City Tallahassee FL Zip Code 32301		
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					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WHITE, WILLIAM T STREET ADDRESS 19 WEATHERLY AVE. CITY-ST-ZIP NEWPORT, RI 02840	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WHITE, NANCY H STREET ADDRESS 19 WEATHERLY AVE. CITY-ST-ZIP NEWPORT, RI 02840	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wm. T. White, manager</u>			Date <u>1/11/07</u>		Daytime Phone # <u>401-486-5282</u>