2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

limited liability company or the

SIGNATURE AND TYPED OR PRINCED NAME

SIGNATURE:

ceiver or trustee empoy

FILED Apr 24, 2008 08:00 AM Secretary of State DOCUMENT # L05000116008 1. Entity Name PATHOLOGICAL FLYER, LLC Principal Place of Business Mailing Address 4337 TIDEWATER DRIVE PO BOX 621716 ORLANDO FL 32812 ORLANDO FL 32862 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FE! Number 20-3880000 No: Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GENT, GREGORY W Street Address (P.O. Box Number is Not Acceptable) 4337 TIDE WATER DRIVE ORLANDO, FL FL 32812 Z-p Code Fl 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 Signativia, typed or printed harrie of registerad agent and the Faciples rate (NOTE: Registerus) 7, paint signature required when remutating) DATE FILE NOW!!! FEE IS \$138.75 U000000921068 After May 1, 2008, Fee Will Be \$538.75 05/14/08-80069-007 138.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM THILE ☐ Deleta TIT: F Change Addition GENT, GREGORY W NAME NAME STREET ADDRESS 4337 TIDEWATER DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP TITLE. Delete Change ☐ Addition TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY - ST-Z:P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-Z:P FiTLE ☐ Delete TITLE Change addition [HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZP TITLE ☐ Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 11. Thereby 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 agriculture shall have the same legal effect as if made under path; that I am a managing member or manager of the

to execute this report as required by Chapter 608, Florida Statutes.

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OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE