

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071452

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FLIGHT TRAINING PROFESSIONALS LLC

**Current Principal Place of Business:**

391HERNDON AVE.  
SUITE A  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 149686  
ORLANDO, FL 33814 US

**New Mailing Address:**

FEI Number: 20-5240788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: WYNSMA, KEITH A  
Address: 569 REMINGTON CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Delete  
Name: COMISKY, EDWARD J  
Address: 421 RINGWOOD CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: LYONS, LEONARD C  
Address: 2643 ST. GEORGE DR.  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM ( ) Change (X) Addition  
Name: LYONS, JUDY P  
Address: 2643 ST. GEORGE DR.  
City-St-Zip: DAVENPORT, FL 33837

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: KEITH WYNSMA

MGRM

04/29/2008

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