

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080830

Entity Name: FLYING FEATHERS, LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

3700 NW 10 AVE, #17
OAKLAND PARK, FL 33309

New Principal Place of Business:

3700 NW 10 AVENUE #17
OAKLAND PARK, FL 33309

Current Mailing Address:

3700 NW 10 AVE, #17
OAKLAND PARK, FL 33309

New Mailing Address:

3700 NW 10 AVENUE, #17
OAKLAND PARK, FL 33309

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, WILLIAM A
3700 NE 10 AVE, #17
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

LOVELL, ROSE ANN ESQ.
840 NE 20 AVENUE
FORT LAUDERDALE, FL 33304 US

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: ROSE ANN LOVELL, ESQ.

03/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYING FEATHERS, LLC,
Address: 3700 NE 10 AVE, #17
City-St-Zip: OAKLAND PARK, FL 33309

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOVELL, WILLIAM A
Address: 3700 NW 10 AVE, #17
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGR () Change (X) Addition
Name: LOVELL, HAROLD B
Address: 2608 INLET DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM A. LOVELL

MGRM

03/19/2007

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