2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000090279

Entity Name: UNINSURED UNITED PARACHUTE TECHNOLOGIES, LLC

Current Principal Place of Business:

1645 LEXINGTON AVENUE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

1645 LEXINGTON AVENUE
DELAND, FL 32724 US

New Mailing Address:

1645 LEXINGTON AVENUE
DELAND, FL 32724 US

FEI Number: 37-1528067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOOTH, WILLIAM R MRGM
1645 LEXINGTON AVENUE
DELAND, FL 32724 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:	BOOTH, WILLIAM R MGRM	
Address:	1645 LEXINGTON AVENUE	
City-St-Zip:	DELAND, FL 32724 US	
Title:	MRGM	(X) Delete
Name:	PROCOS, MARK MGRM	
Address:	1645 LEXINGTON AVE	
City-St-Zip:	DELAND, FL 32724 US	
Title:	MGRM	(X) Delete
Name:	AHSMANN, HERMAN O MGRM	
Address:	1645 LEXINGTON AVE	
City-St-Zip:	DELAND, FL 32724 US	

ADDITIONS/CHANGES:

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

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: WILLIAM R BOOTH MGRM 04/14/2008

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