

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90186 025 ***138.75

60042076



03202008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000119652		
1. Entity Name WINGS DEVELOPMENT OF FLORIDA, LLC		

Principal Place of Business 1201 NW 95 AVENUE PLANTATION, FL 33322 US	Mailing Address 1201 NW 95 AVENUE PLANTATION, FL 33322 US
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2. Principal Place of Business - No P.O. Box # 611 18TH AVE N Suite, Apt. #, etc.	3. Mailing Address 611 18TH AVE N Suite, Apt. #, etc.
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City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33460	Country USA
Zip 33460	Country USA

6. Name and Address of Current Registered Agent KARAS, ALEX 1201 NW 95 AVENUE PLANTATION, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 611 18TH AVE N City LAKE WORTH FL Zip Code 33460	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAS, ALEX 1201 NW 95 AVENUE PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 611 18TH AVE N LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIAFACAS, ALEX 470 COMMADORE CIRCLE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #