

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 026 ***138.75

DOCUMENT # L07000117096

1. Entity Name
 WINGS OVER JACKSONVILLE, LLC



Principal Place of Business
 10407 CENTURION PARKWAY NORTH, SUITE 112
 JACKSONVILLE, FL 32256

Mailing Address
 10407 CENTURION PARKWAY NORTH, SUITE 112
 JACKSONVILLE, FL 32256

50005325



2. Principal Place of Business - No P.O. Box #
 10245 Centurion Parkway No.
 Suite, Apt. #, etc.
 Suite 305

3. Mailing Address
 10245 Centurion Parkway No.
 Suite, Apt. #, etc.
 Suite 305

04282008 Chg-LLC CR2E083 (12/06)

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 26-1432189

Applied For
 Not Applicable

Zip
 32256

Country

Zip
 32256

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
~~10407~~ CENTURION PARKWAY NORTH, SUITE 112
 JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 10245 Centurion Parkway North, Suite 305

City
 Jacksonville

FL

Zip Code
 32256

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Frank R. Keasler Date: 4/29/08 Daytime Phone #: 904-339-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE