2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000014541

Entity Name: WATERFLY FLOATPLANES, LLC

Current Principal Place of Business:

100 OAK HARBOR
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

100 OAK HARBOR
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 26-2411311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, MILES G
100 OAK HARBOR
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

ANDERSON, MILES G MGR
100 OAK HARBOR
HAINES CITY, FL 33844 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: MILES G. ANDERSON 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ANDERSON, MILES G	
Address:	100 OAK HARBOR	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	MGRM	( ) Delete
Name:	ANDERSON, JAMES G	
Address:	100 OAK HARBOR	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	MGRM	( ) Delete
Name:	SCHANCHE, BRIAN S	
Address:	10420 LEVER ST NE	
City-St-Zip:	BLAINE, MN 55014 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: MILES G. ANDERSON MGR 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date