


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 21 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra J. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company FLY HOME WINGS, L.C. 1117 LADY GUINEVERE DRIVE VALRICO FL 33594		DOCUMENT #L96000001314 1a. Principal Place of Business Address 1117 LADY GUINEVERE DRIVE VALRICO FL 33594	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Organized or Qualified 12/17/1996		3a. State of Formation FL	
5. Date of Last Report 59-3416110		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional fee Required	
7. Name and Address of Current Registered Agent TRUGILLO, LEE E JR. 1117 LADY GUINEVERE DRIVE VALRICO FL 33594		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>Lee E Trugillo</i>		DATE <i>4-08-97</i>	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TRUGILLO, CHRISTOPHER	1117 LADY GUINEVERE DRIVE	VALRICO FL
MEM	TRUGILLO, KATHERINE L	1117 LADY GUINEVERE DRIVE	VALRICO FL
MEM	TRUGILLO, LEE E JR.	1117 LADY GUINEVERE DRIVE	VALRICO FL
500002155495-6 -04/25/97-01091-12 ****203.75 **** 4/22/97			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Christopher Trugillo</i>		DATE <i>4/8/97</i> Daytime Phone # <i>913-681-7569</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			