File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAY -3 PM 1:00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECALIZAÇÃO DE CAREDA **DOCUMENT #** L96000001314 of Limited Liability Company 1a. Principal Place of Business Address FLY HOME WINGS, L.C. 1117 LADY GUINEVERE DRIVE 1117 LADY GUINEVERE DRIVE VALRICO FL 33594 VALRICO FL 33594 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/17/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3416110 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country S8 75 Additional Fee Required 05/04/1998 B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent TRUGILLO, LBE E JR. 1117 LADY GUINEVERE DRIVE Street Address (P.O. Box Number Is Not Acceptable) VALRICO FL 33594 Suite, Apt #, etc Zip Code City ursuant 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 rehistered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registeres agent, and accept the obligations. DATE 4-27-89 SIGNATURE **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 1117 LADY GUINEVERE DRIVE VALRICO FL MGRM TRUGILLO, CHRISTOPHER TRUGILLO, KATHERINE L 1117 LADY GUINEVERE DRIVE VALRICO FL MEM MEM TRUGILLO, LEE E JR. 1117 LADY GUINEVERE DRIVE VALRICO FL 99**71979**---1799--01083--018 *****188.75 ****188.7**\$** 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 - Hurther 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 prostee 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

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SIGNATURE:

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