2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L04000028772

Entity Name: FLAGSHIP PUBLISHING GROUP, LLC

Current Principal Place of Business:

815 S. VOLUSIA AVE.
STE. 9
ORANGE CITY, FL 32763

New Principal Place of Business:

1495 S. VOLUSIA AVE.
STE. 203
ORANGE CITY, FL 32763

Current Mailing Address:

P.O. BOX 740517
ORANGE CITY, FL 32774

New Mailing Address:

FEI Number: 20-0997961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, ANNETTE R
815 S. VOLUSIA AVE.
STE. 9
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

HARRIS, ANNETTE R
1495 S. VOLUSIA AVE.
STE. 203
ORANGE CITY, FL 32763 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: _____ 05/02/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARRIS, ANNETTE R
Address: 2358 KERRIDALE ST.
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete
Name: BIGGS, CINDY L
Address: 2358 KERRIDALE ST.
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES:

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: ANNETTE R. HARRIS MGRM 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date