

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051545

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: FLAGLER FAMILY GROUP, LLC

## Current Principal Place of Business:

130 HEALTH PARK BOULEVARD  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

130 HEALTH PARK BOULEVARD  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 20-2933309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATENHORST, TODD  
118 FINNIGAN ROAD  
SATSUMA, FL 32189 US

## Name and Address of New Registered Agent:

BATENHORST, TODD  
130 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086 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: TODD BATENHORST

04/25/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WHITLOCK, WARREN O JR.  
Address: 513 12TH STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: GUNN, ANDREW  
Address: 3471 RED CLOUD TRAIL  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: BATENHORST, TODD  
Address: 118 FINNIGAN ROAD  
City-St-Zip: SATSUMA, FL 32189

Title: MGR ( ) Delete  
Name: ZUB, CHRIST  
Address: 110 OCEAN HOLLOW LANE #209  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: YOUNGSTROM, CATHY  
Address: 5105 STEPHEN COLEE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BATENHORST, TODD  
Address: 130 HEALTH PARK BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR (X) Change ( ) Addition  
Name: ZUB, CHRIST  
Address: 130 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: TODD BATENHORST

MGR

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date